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ABSTRACT

The 16 case studies illustrate the nature and scope of psychological intervention with emotionally disturbed and otherwise handicapped students. Included are papers with the following titles and authors: "Reducing Math Anxiety while Increasing Independent Work Habits in a Learning Disabled Elementary School Boy" (K. Hoogeveen); "Coping with Special Student Needs in the Absence of Appropriate Programs--A Case Study" (R. Smiley); "Wide Band Behavioral Treatment of a Socially Isolate Child" (M. Shepp); "Modifying Covert and Overt Manifestations of Anxiety Through a Multi-Modal Approach" (R. Ranes); "Decreasing Aversive Off Task Behavior of an Early Elementary Student" (B. Rasch); "Electronic Head Positioning Device for Multiply Handicapped Adolescent" (P. Bowser); "Developing Socially Acceptable Behavior Using the Student's Values and a Data Based System" (D. Dierks); "The Responsive Teaching Model--Focus on the Mentally Retarded" (J. Meyers); "Counseling with the Suicidal Student" (O. Dodson); "Using Self Management to Reduce Complaining Behavior" (M. Hansen); "Successful Treatment of School Phobia in a 15-Year-Old Male" (R. Kerr); "Diagnosis and Servicing of a Learning Disabled Child Compounded by Delayed Neurological Impulse Control" (W. Gould); "Reduction of Distractibility in a Fourth Grade Female Through the Reduction of Caffeine and Nicotine Intake by the Mother" (R. Kerr); "Increase in School Attendance by Use of a Behavioral Contract" (J. Langley); "Elimination of 'Hyperactive' Behavior in a 5-Year-Old Kindergarten Student" (M. Palmer); and "A Student School Contract" (M. Juskelis). (SBH)

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Psychological Intervention

Case Studies In School Psychological Services

Vol. 2, 1978
Iowa Department of Public Instruction

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FORWARD

School psychology applies the science of psychology to educational and behavioral problems of preschool and school age children. The goal of this profession is to maximize the human potential of children and assist parents, families members and educators in providing environments which are responsive to the developmental and learning needs of children.

The case studies presented in this publication were contributed by school psychologists working in Iowa during the 1977-78 school year. These studies are provided as examples of the nature and scope of psychological intervention in the schools.

The school psychologist, functioning in a consultative capacity, can often help improve the behavior of children who otherwise might need more intensive special education assistance, such as special education instructional programs. Psychological intervention is an essential part of a comprehensive system of services for children who are handicapped in obtaining an education.

The fifteen psychologists who contributed to this publication are applauded for their willingness to share their experiences and aid other professionals who may be working with children who might also respond to these procedures.

Jeff Grimes
Consultant for School Psychological Services
Iowa Department of Public Instruction
March, 1978

Table of Contents

		Pages
I.	Reducing Math Anxiety While Increasing Independent Work Habits In a Learning Disabled Elementary School Boy - Kim Hoogeveen	1-8
II.	Coping with Special Student Needs In The Absence of Appropriate Programs: A Case Study - Richard Smiley	9-17
III.	Wide Band Behavioral Treatment Of A Socially Isolate Child - Mark Stephen Shepp	18-23
IV.	Modifying Covert And Overt Manifestations Of Anxiety Through A Multi-Modal Approach - Randall Ranes	24-38
V.	Decreasing Aversive Off Task Behavior Of An Early Elementary Student - Bradley W. Rasch	39-43
VI.	Electronic Head Positioning Device For Multiply Handicapped Adolescent - Philip B. Bowser	44-54
VII.	Developing Socially Acceptable Behavior Using The Student's Values And A Data Based System - Darrell Dierks	55-72
VIII.	The Responsive Teaching Model: Focus On The Mentally Retarded - Joe Meyers	73-91
IX.	Counseling With The Suicidal Student - O. Ray Dodson, Ph.D.	92-96
X.	Using Self Management To Reduce Complaining Behavior - Michael R. Hansen	97-103
XI.	Successful Treatment Of School Phobia In A 15 Year Old Male - Robert Kerr	104-109
XII.	Diagnosis And Servicing Of A Learning Disabled Child Compounded By Delayed Neurological Impulse Control - Wallace E. Gould	110-113
XIII.	Reduction Of Distractibility In A Fourth Grade Female Through The Reduction Of Caffeine And Nicotine Intake by The Mother - Robert Kerr	114-122
XIV.	Increase In School Attendance By Use Of A Behavioral Contract - Jill A. Langley	123-126
XV.	Elimination Of "Hyperactive" Behavior In A Five Year Old Kindergarten Student - Michael H. Palmer	127-132
XVI.	A Student School Contract - Michael P. Juskelis	133-140

REDUCING MATH ANXIETY WHILE INCREASING INDEPENDENT WORK HABITS IN A LEARNING DISABLED ELEMENTARY SCHOOL BOY

KIM HOOGEVEEN
LAKELAND AREA EDUCATIONAL AGENCY
SPIRIT LAKE HIGH SCHOOL
SPIRIT LAKE, IOWA 51360

Abstract

A combination of instructional and behavioral interventions proved successful in helping a third grade boy to reduce his emotional distress associated with school while significantly increasing both his academic skills and his ability to work independently in the classroom.

JANUARY, 1978

Introduction;

This case study is a combination of two (2) behavioral problems that are typically referred to the school psychologist. Firstly, classroom teachers are often concerned about (and frustrated with) students who seem unable or unwilling to work on classroom assignments without the constant help and encouragement of their teacher. The psychologists' first inclination is usually to examine the teachers' responses to the inappropriate behavior to determine if the child is manipulating the teacher into providing some sort of pay-off, generally attention.

Concern about the second behavior is generally initiated by the parent(s). The number of terms used to describe emotional distress associated with the thought or prospect of going to school, such as school anxiety, school phobia or school avoidance, have been exceeded by the number of possible explanations for such behaviors. The theorized explanations range from strict behavioral analysis of the situation to more analytic notions such as separation anxiety. Due to the author's bias, training and concern for parsimony,this case was dealt with from a behavioral perspective.

Method

A. The subject of this study, Matt, is 9-year old, third grade student attending school in a rural Iowa district. Matt had originally been referred to the school psychologist during his first grade year because of difficulty he was experiencing in both reading and arithmetic. The results of that psychological evaluation showed Matt to have slightly above average

intellectual abilities while achieving respective Standard Scores of 87 and 81 on the Reading and Arithmetic subtests of the WRAT. It was determined at a staffing that Matt should receive both remedial reading and remedial math help during his second grade year. No learning disabilities program was then, nor is now, available within Matt's school district.

Despite the periodic remedial help, Matt's academic difficulties continued to worsen during his second grade year. Matt's parents report that his attitude toward school became increasingly worse. After particularly frustrating days at school he would cry at home. This behavior was not observed at school. A more disturbing behavior to his parents was observed toward the end of his second grade year. Matt began to stutter during periods when he found school to be particularly anxiety-producing. His parents reported three or four such periods lasting from a single evening up to four days in length.

B. At the beginning of Matt's third grade year he was again referred to the school psychologist. Although no crying or stuttering behaviors had been noticed during the summer, they were both reappearing now that school was beginning. At home, Matt verbally expressed his fear of arithmetic assignments and his inability to do them. His classroom teacher reported that Matt was unwilling or unable to work independently on any arithmetic assignments. If left alone he would rock in his seat, play with

his pencil and/or tap his feet. After a short period of this behavior the teacher or her aide would generally take Matt to the back of the room and work individually with him to complete the assignment.

Results of a Key Math administered on 9/22/77, showed Matt's total test grade score to be 1.4 years behind his grade placement of 3.1. His worst performance was on the Operations Section of the test and specifically on the Addition, Subtraction, Mental Computation and Numerical Reasoning subtests.

C. Matt's emotional distress, poor arithmetic abilities and lack of independent study habits were discussed at a staffing attended by his parents, teacher and the writer. Three (3) goals were developed at that staffing: 1) to improve Matt's arithmetic skills; 2) to increase his confidence level by making him aware of his stronger abilities; 3) to have him develop independent study habits on arithmetic.

Specific instructional recommendations made to Matt's classroom teacher were: 1) provide Matt with a number line and teach him how to use it; (the teacher taped one to his desk top and made a "portable" one for him to carry and have available at other work spots); 2) have him work with concrete objects when working out problems - an abacus might prove effective; 3) work on simple one-digit arithmetic problems and have him overlearn the answers; 4) give him concrete objects to work out problems such as "How many are two 3's?". Matt needs to develop the concept of sets;

5) again, have him use concrete objects to figure numerical reasoning problems such as "1 + __ equals 2." This may help him to develop some understanding of underlying arithmetic processes.

To help Matt develop more positive feelings toward himself and his abilities, it was suggested that his teacher emphasize his relatively strong interest and ability in science. Matt was asked to bring his bug collection to school and explain it to the rest of the class. Other opportunities to have Matt lead class discussions or be responsible for the completion of specifically assigned classroom tasks, such as erasing the blackboards, or seeing to it that all students were in line for lunch, were also to be utilized. His teacher made a point of praising Matt after the completion of such tasks.

To try and increase Matt's independent study skills it was suggested that his math assignments be broken into much shorter segments. Matt was initially to be given only three (3) problems at a time and instructed to finish them. Then he was to raise his hand and the teacher would come over and check them. If he called for the teacher before completing the problems she would simply point to the paper and say, "You try these first," and walk away. A possible punishment was developed in case Matt failed to attempt the problems within a reasonable period of time, but it did not need to be utilized. When he completed these problems the teacher gave him prompt attention and warm verbal praise. The number of

problems to be completed before he checked with the teacher would be gradually increased.

Results

At the time of this writing, approximately 14 weeks after the interventions were implemented, it appears we have succeeded in reaching our three goals.

The number line was an immediate hit with Matt. For the first time he was able to work out problems and determine the right answers. Matt's teacher made a point of having Matt demonstrate how to use the line to other children having problems, which served the dual purpose of giving Matt practice and increasing his own feelings of competence. On 12/19/77, the Key Math Operations Section was readministered to Matt. In this administration he was allowed to use his number line. Matt obtained scores on the Addition and Subtraction subtests that were equal to his grade placement. This is more than a 1.5 year growth in three months. He also improved on the Multiplication and Mental Computation subtests, although less dramatically.

The behavioral program developed to increase Matt's independent work habits has been highly successful. Although his work sheets are at times less difficult than those other students are assigned, Matt's teacher reports he is now completing entire worksheets before summoning her attention. It is interesting to note that Matt's parents may have, unknowlingly, been largely responsible for our success. They asked if Matt might benefit from having a calculator and were encouraged to pursue that idea. When Matt

brought the calculator to school his teacher suggested he could use it to check his work when he finished his assigned problems. The prospect of being allowed to use the calculator has proven to be a powerful and lasting reinforcer for improving Matt's work habits.

Perhaps most importantly, Matt's parents report that they have seen no crying or stuttering behavior since our interventions began. They report his attitude toward school as having greatly improved. Matt now looks forward to school and is often excited to tell his parents about something he did or a comment the teacher made.

Discussion

The most significant implication of this case may be the fact that what could have appeared to be a complex emotional problem was solved by straightforward and rather simple instructional and behavioral interventions. Emotional states of depression, anxiety and dependency can certainly cause academic problems, but clearly this cause and effect relationship can be reversed. In this instance the combination of improving Matt's functional math skills and focusing attention on his stronger abilities proved sufficient to eliminate the worrisome emotional signs.

Three aspects of the intervention appear to have been most responsible for our success at improving Matt's independent study skills. Matt did significantly improve his functional

arithmetic skills through the use of concrete materials and the number line. This approach has finally given him the tools to attack arithmetic problems. Matt has now even devised a method for calculating multiplication problems by using markers with the number line. Secondly, breaking down his assignments in conjunction with specific guidelines as to when his teacher would attend was effective. A weaker student facing a full worksheet of problems can feel defeated before they begin. Lastly, being allowed to use his calculator to check his answers was a powerful reinforcer for Matt to complete assignments. Matt still has considerable academic deficiencies that will probably continue for some time. We will need to continue our efforts at getting his basic math facts learned to an automatic recall level. Hopefully, Matt will eventually be able to understand basic arithmetic processes, but for now he has learned a method that allows him to cope with the current academic demands being placed on him.

COPING WITH SPECIAL STUDENT NEEDS IN THE ABSENCE OF APPROPRIATE PROGRAMS: A CASE STUDY[1]

Richard H. Smiley
Heartland Education Agency
909 West Pleasant
Knoxville, Iowa 50138

January 1978

Abstract

Applied behavior analysis is used to decrease the tantrum and running away behavior of a highly disruptive handicapped student. Special considerations for intervention in the absence of appropriate programs are discussed.

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1 Special thanks to Laura Oliver for editorial assistance

INTRODUCTION

Public Law 94-142 requires Local Education Agencies (LEAs) to provide for the education of all handicapped children. While the result has been the formation of many new and urgently needed programs, services, and personnel, it has not been without the problems which invariably result when translating legislation into practice. The transition phase of implementing PL 94-142 has confronted LEAs with unique problems, one of which is the provision of educational programming for handicapped students for whom no appropriate program exists.

Prior to PL 94-142, LEAs which had no special education classes for a child with a particular type of disability could refer such a child to a special private or public institution or a neighboring LEA which offered an appropriate program. While this option still remains, parents can now require LEAs to provide educational programming within the school district in which the child resides, barring a court order to the contrary.

The situation in which an LEA must provide educational programming for a student for whom no appropriate class exists often occurs when the student in question exhibits extreme forms of behavior of the type which often characterizes emotionally disabled/chronically disruptive children. The costs in terms of classroom space, curriculum materials, and teacher salaries mitigates against a school district's ability to immediately form new programs when their student population may contain only 1 or 2 such students. Nevertheless, when it is encumbent upon an LEA to enroll a student who will be placed in a classroom not specifically designed to cope with extreme forms of behavior, unique types of intervention and educational programming become necessary.

METHOD

A case in point is that of Brian, a 7-year 2-month old male later diagnosed as moderately mentally handicapped, hyperactive, and epileptic. No appropriate self-contained classes existed and Brian's parents declined an offer by the LEA to transport him to a nearby school which did offer self-contained classes for children with similar needs.

Brian was from a low-income rural home, had not been previously enrolled in school, and his behavior away from his parents was extremely unmanageable. During Brian's first three visits with the School Psychologist he displayed much disruptive behavior such as kicking, screaming, spitting, throwing objects, and running away. His attention span was insufficient to allow for any psychological or educational evaluation, and physical restraint was the only way of preventing him from such acts as wiping entire bookshelves clean with a swipe of the hand, tipping over desks and tables, and climbing rapidly up a floor-to-ceiling bookshelf. Brian would not remain in a room without his parents longer than several minutes before he would dash out the door and run screaming through the halls and classrooms until caught. During these initial visits to the school Brian's parents always held his hand or forced him to sit, either in their lap with an arm tightly around his midsection or at their feet. When not physically restrained by his parents, Brian could only be inhibited when his father would raise his hand as if to slap him.

Brian was staffed as mentally handicapped and requiring a self-contained classroom. Since the only availible class for mentally handicapped children was integrated, an aide was hired to assist the special education teacher to whom Brian was assigned. The staffing committee assigned to the School Psychologist the task of designing and assisting in the implementation of

a program to manage Brian's behavior. Brian was enrolled on a half-time basis.

Brian was initially placed in the integrated mental disabilities classroom for a period of observation. However, the disruption caused by Brian's loud and destructive behavior and the impossibility of controlling events in order that intervention might proceed made this placement unfeasible. It was decided that intervention would begin in a room adjacent to the principal's office and emphasis would be given to teaching Brian conduct considered prerequsite to placement in the special education classroom. The behavioral goals established were teaching Brian (1) not to run out of the classroom and (2) to refrain from throwing tantrums.

Running away was defined as leaving the room not in the company of the teacher's aide. Tantrum behavior was defined as throwing things, kicking, spitting on, or hitting another person. Because Brian seldom engaged in destructive or abusive behavior when left to himself, it was decided to limit the definition of tantrum behavior to only those occasions when it was in response to a request or demand made of him.

Intervention consisted of positive and negative reinforcement. Positive reinforcement consisted of small cups of Fruit Loops mixed with raisins, paired with verbal praise, given for progressively longer periods of time during which running away and tantrum behavior did not occur. If, however, Brian refrained from running away for a given time period but engaged in a tantrum, reinforcement was withheld. Negative reinforcement consisted of a loud "no" at the onset of an undesirable behavior, followed by a ten minute no-reinforcement period. During the no-reinforcement period the bowl of cereal and raisins was put out of sight and the aide refrained from all verbal or physical interaction with Brian. Games, puzzles, balls, and paper and pencils were available at all times.

A multiple baseline procedure consisting of four phases was used. During Phase I, baseline measures on rates of tantrum and running away behavior were recorded. During Phase II, intervention was applied to running away but not to tantrums. In Phase III the intervention was applied to tantrums, and Phase IV consisted of a four month follow-up of both tantrum and running away behavior.

RESULTS

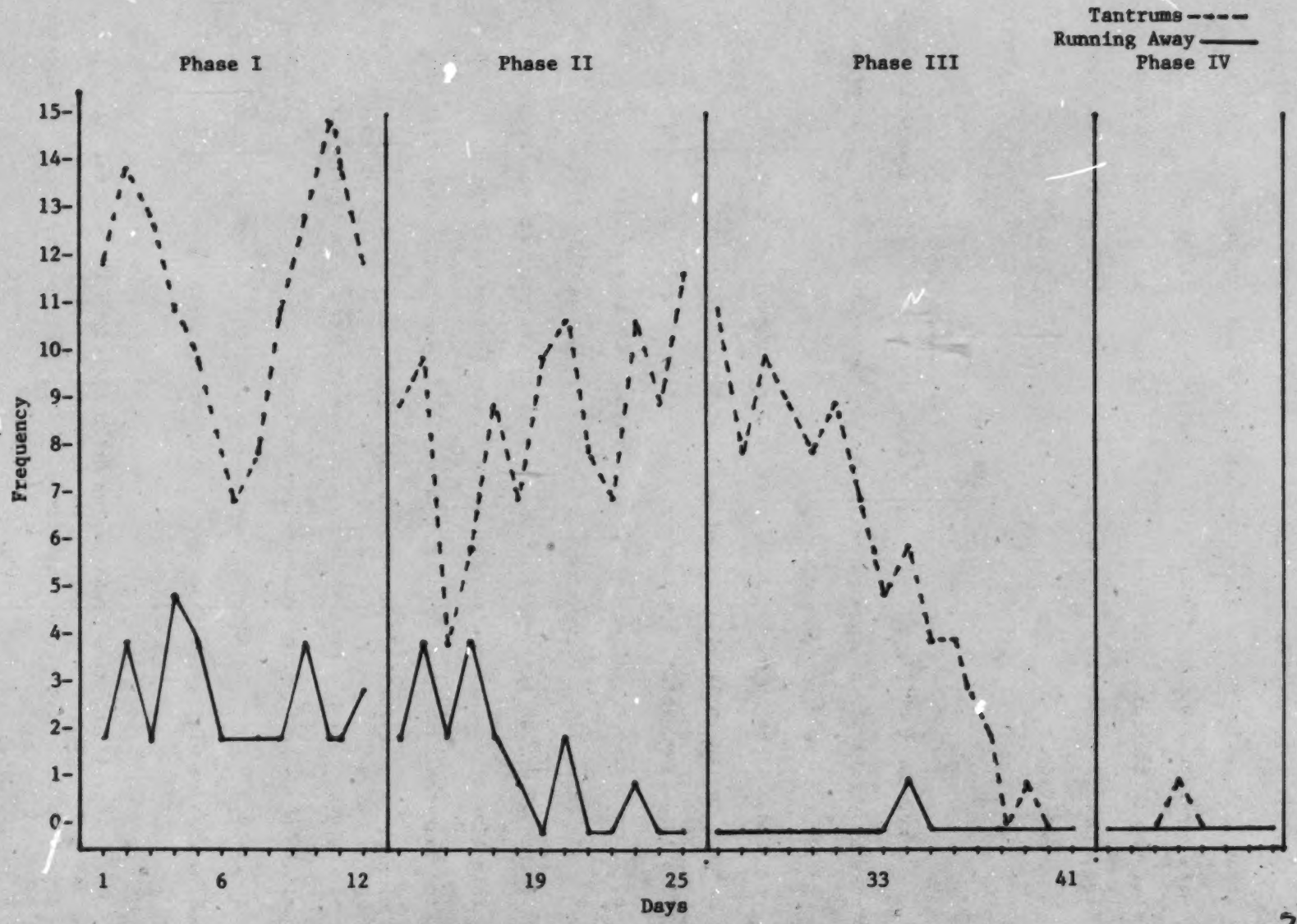
In Phase I of Figure 1 it can be seen that the baseline measure of running away behavior averaged about 3 and tantrum behavior about 11 occurrences per day for the first eleven days.

Phase II began on day 12. Intervention was applied to running away but not to tantrums, with the exception that no reinforcement was administered if Brian was engaging in a tantrum. Running away declined from an average of three times per day on day 12 to approximately zero by day 25.

In Phase III intervention was applied to tantrum behavior. From day 25 through day 30 little effect on the rate of tantrums was observed. At this time it was discovered that Brian showed an extreme fondness for playing basketball in the gymnasium. On day 29 it was decided that fifteen minutes of basketball would be used as a reinforcer for progressively longer periods of time during which no tantrums occurred. Initially a ten minute no tantrum period was required for reinforcement; this was increased to fifteen minutes on day 33, twenty minutes on day 36, and by day 41 Brian was receiving reinforcement approximately three or four times a day.

On day 41 the aide began taking Brian back into the special education classroom for short periods of time each day. The reinforcement contingency

FIGURE 1



Tantrum and Running Away Behavior of a Disruptive Boy

Richard H. Smiley

19

20

was maintained and the amount of time spent in the special education classroom was gradually increased. By the end of the school year (five months after Brian was enrolled), Brian was spending most of his three hours at school in the special education classroom, the exceptions being those few days when he had seizures and his behavior would again become disruptive.

Phase IV, a four month follow-up, revealed that both tantrum and running away behavior were occuring at a near zero rate. It should be noted that at the time of the follow-up Brian was engaging in much constructive play without one-to-one supervision and could maintain interest in such activities as puzzles, games, and drawing for periods of time up to a half hour. By the beginning of the following school year (1977-78), several more students requiring self-contained classes had enrolled. The LEA subsequently added a self-contained class for the mentally handicapped, which Brian currently attends for the entire school day.

DISCUSSION

The present study was designed to assist a student exhibiting much disruptive behavior in adapting to a school environment in which no appropriate program existed. More specifically, the task was to eliminate running away and tantrum behavior such that constant one-to-one supervision was not needed. While the intervention showed demonstrable effects on tantrum and running away behavior, these effects were no doubt facilitated by simple exposure. While the intervention itself was a rather straightforward application of applied behavior analysis, there were a number of ancillary considerations which required much attention. In light of these considerations, the following comments are made for School Psychologists who may encounter similar situations:

1) Selection of an appropriate aide is of primary importance. The salary

usually paid an aide is little compensation for the enormity of the task. Many potential aides are unable to cope with children whose behavior is excessive and violent. In the present study it was a minimum qualification that the aide be able to run as fast as a well-coordinated 7-year-old boy. Parents of handicapped children are good prospects because of their prior exposure to unusual behavior.

2) Once an aide has been selected it will be necessary to give hands-on training in behavior management. With regard to data collection a small spiral notebook in which a daily record of behavior can be kept is recommended. When the behaviors to be managed are defined, it is helpful to write these definitions on the inside cover of the notebook for quick reference by the aide. For about the first five days it is advisable to spend about one-half hour per day with the aide and student demonstrating how to observe and record behavior.

As important as teaching the aide what to do is teaching what not to do. Many times it is important not to react to disruptive behavior in the normal fashion, because these reactions may maintain the behavior in question. Screaming, for example, usually elicits some sort of verbal response from most people (eg. "keep quiet" or "stop it"), whereas no response may lead to extinction.

3) Moral support can be as important to the aide as the most sophisticated forms of consultation. It is unnerving to spend three hours with a child who throws up to fifteen tantrums and it is no small amount of relief to talk to someone, especially if alleviation of the situation seems distant. In the present study the author insisted on a fifteen minute conference with the aide in the teacher's lounge during each visit. Conferences with the aide before or after work should not substitute for those held during work hours.

4) Be prepared for lack of follow-up at home. Parents of children who engage in excessively disruptive behavior often solve the problem by resorting to corporal punishment. It is understandable that such parents will be disinclined to give up a method of behavior control which "works" for one they may not understand.

5) It is necessary that priorities be established when deciding which behaviors to change first. In Brian's case his running away posed the greatest liability to the school and was accorded first priority. If running away is not a problem, it may be aggression towards others, self destructive behavior, or perhaps physical damage to the school that should be considered first.

6) If the student's behavior is so excessive that placement in a classroom would pose a danger to other students, intervention could be initiated in a vacant room or office. In Brian's case an office was used. Because of his seizures and violent behavior all objects he could throw or upon which he could fall and injure himself were removed. The floor level bookshelves were covered with strips of padding from an old gymnasium tumbling mat, and a special helmet for epileptics was purchased.

WIDE BAND BEHAVIORAL TREATMENT OF A SOCIALLY ISOLATE CHILD

Mark Stephen Shepp
Northern Trails Area Education Agency
925 West L Street
Forest City, Iowa 50436

ABSTRACT:

A bright, socially isolate nine year old boy, manifesting a skill deficit rather than maladaptive anxiety, was involved in treatment initially using a mutally story-telling technique, emphasizing social interaction and cooperation. When this proved to be insufficient, it was decided to use relationship building, along with social skills (assertive) training, behavioral rehearsal with coaching by both therpist and child, culminating in a graduated series of social interactions. Although treatment is still in progress, many signs point to positive behavioral and cognitive change.

January, 1978

Mark Stephen Shepp

WIDE BAND BEHAVIORAL TREATMENT OF A SOCIALLY ISOLATE CHILD

Abstract

A bright socially isolate nine year old boy, manifesting a skill deficit rather than maladaptive anxiety, was involved in treatment initially using a mutual story-telling technique, emphasizing social interaction and cooperation. When this proved to be insufficient, it was decided to use relationship building, along with social skills (assertive) training, behavioral rehearsal with coaching by both therapist and child, culminating in a graduated series of social interactions. Although treatment is still in progress, many signs point to positive behavioral and cognitive change.

Introduction

Mutual story telling was attempted first in an effort to try to resolve this boy's problem, with an economic use being made of both the child's and the psychologist's time. When it became apparent that this treatment alone would not be sufficient, wide band behavior therapy techniques were utilized. This was done, not only because of the therapist's essentially behavioral orientation, but also because of the need for immediate and active intervention in this child's situation. Behavioral treatment for social isolation has come a long way from simply reinforcing a child for interacting with others, which is not to say that that particular technique is no longer important. One very important innovation has been the inclusion of the child as an active agent in both formulating and carrying out the treatment plan.

Method

This boy (hereafter to be called "Bill") was referred by his parents for peer relationship problems at school. He apparently had been socially isolated from his peer group for his entire school career, and has usually spent recess time swinging by himself or engaged in other solitary activities. When first seen by this psychologist, he was spending a good deal of time engaging in daydreaming behavior, the content of which was sequences from his favorite "horror" movies. Academically, Bill was seen as above average in functioning, and showed no learning difficulties other than poor work and study habits.

Assessment consisted of three components: observation, interview, and projective techniques. After evaluating the results of the assessment, it became apparent that the excessive withdrawal and daydreaming behavior were the results of a social skill deficit and the need for stimulation, respectively. The differential diagnosis between skill deficit and maladaptive anxiety is important in that it helps decide the mode of treatment, skill training often being the method of choice to remediate a skill deficit. The excessive fantasy was thought to be a secondary effect of his withdrawal and it was thought that, as social interaction increased, the fantasy would decrease. The main therapeutic goal was set as "increased social interaction."

As mentioned earlier, the first treatment of choice was mutual story telling, emphasizing social interaction and cooperation. The rationale behind using this technique was to make an economic use of the therapist's and Bill's time. When it became apparent that trading stories with Bill would not be powerful enough to elicit behavioral change, it was decided to switch to a more active type of therapeutic involvement. In an effort

to assure initial success for this active involvement, Bill was asked who he did consider friends in his class, and a sociogram was done by the children in his class, under the direction of Bill's teacher. It was found that Bill was picked by one other boy (a third choice) and it was decided that this boy, along with Bill's own choice, would be included in the first social interaction group.

Individual sessions were then begun with concentration being put on relationship building between therapist and child. This stage of therapy is essential, since trust and warm positive feelings are necessary for inducing positive behavioral change in children. After a relationship had been built, social skills training was begun and is still going on at this time. Techniques which have been, and will be taught, include the importance of eye contact, appropriate expressing of emotions, compliment-giving, "I" statements, and the importance of facial expressions. In order to teach and reinforce these techniques efficiently, behavioral rehearsal in the therapy sessions has been and is being used. Learning these skills has not been a passive experience for Bill. Bill was included as a full partner and was fully aware that the skills he was learning would be put to practical use in small groups. The close involvement of Bill in the treatment is in appreciation of the effects of "attribution." Bill would be more likely to emit these behaviors if he were actively, rather than passively, involved in learning and practicing them. An important aspect of the therapist's participation has been the "coaching" he is involved in while going through behavioral rehearsal. The therapist has actively "coached" Bill in using social skills while rehearsing social interactions with him. "Coaching" simply means actively pointing out problems and alternative approaches while reinforcing strengths. In order to more effectively teach Bill, he has been allowed to "coach" the therapist

while the therapist acted out skill weaknesses shown by Bill. While these skills were being taught and rehearsed, Bill was started in a play group, including the boy who picked Bill in the sociometric analysis and the boy picked by Bill himself. During the initial few group sessions, Bill practiced his newly learned skills and was encouraged and reinforced by the therapist.

Results

This case study is still in progress. Weekly sessions are still being held at this time involving Bill and the two other boys. Interspersed with the group sessions are individual sessions where previously learned techniques are reviewed and new ones are added. At this time, Bill is just starting to use his skills outside of the therapy sessions and reporting back both successes and failures. The therapy group will be "faded" in the future, with more and more emphasis being put on Bill's normal environmental interactions. As an outcome measure, Bill will be observed by trained school personnel who will tally social approaches and their successes or failures. A sociometric analysis will again be done to see what changes have taken place. At a later date, Bill's parents will be more actively involved in treatment. At this time, they are being kept informed by weekly phone calls, where they also keep the therapist informed of changes they note in Bill's behavior. At this point, it is still too soon to claim total success, but the comments of Bill's teachers and parents, and those made by Bill himself, point to improved social skills and interactions.

Discussion

It is evident that this treatment plan has been at least somewhat successful, although the jury is still out. In terms of applicability to

other children in the same straits, it would seem readily generalizable. One contra-indication would be with children who through age or level of intellectual functioning are not cognitively able to profit from training in social skills and behavioral rehearsal. References which this psychologist would consider valuable would be the "Shy, Withdrawn Behavior" and the "Social Isolation" chapters of Schaefer & Millman's Therapies for Children, published by Jossey-Bass in 1977.

MODIFYING COVERT AND OVERT MANIFESTATIONS OF ANXIETY THROUGH A MULTI-MODAL APPROACH

Randall Ranes
Arrowhead Area Education Agency
628 Geneseo Street
Storm Lake, IA 50588

ABSTRACT:

The subject described his "problem" as follows: "It is like a banging and clanging in my head." Headaches, dizziness, anxiety reactions, and sleeping problems were also present. The subject's physician recommended psychological intervention.

January, 1978

Randall Ranes

MODIFYING COVERT AND OVERT MANIFESTATIONS OF ANXIETY THROUGH A MULTI-MODAL APPROACH

ABSTRACT: The subject described his "problem" as follows: "It is like a banging and clanging in my head." Headaches, dizziness, anxiety reactions, and sleeping problems were also present. The subject's physician recommended psychological intervention.

INTRODUCTION: The writer feels that he was influenced by the following three men in programming a therapeutic intervention for the subject: Dr. Arnold Lazarus in his book, Multi-Modal Behavior Therapy; Dr. Albert Ellis in his book, Reason and Emotion in Psychotherapy; Drs. Carl E. Thoresen and Michael J. Mahoney in their book, Behavioral Self-Control. Previous to the reading of Multi-Modal Behavior Therapy, the writer had been using what could be called bi-modal approach by pairing behavioristic interventions with rational-emotive concepts, thereby covering the cognitive modality. The book, Multi-Modal Behavior Therapy elaborated on and added sophistication to the framework the reader was presently using.

The writer had also been influenced by another colleague in the Arrowhead Area Education Agency whom had used a multi-modal approach with an adolescent and experienced success. Dr. Lazarus justifies a multi-modal approach by saying that behavior therapy is presently too limited in its scope and that a more positive and durable treatment outcome will follow if a multi-modal approach is used. Perhaps a multi-modal approach is nothing more than a sophisticated way to justify eclecticism.

METHOD: The subject was a male Caucasian adolescent. He came from a middle to upper-middle class socioeconomic status and achieved reasonably well in academics. No pathological or problem behaviors were ever reported by the school to the school psychologist.

The subject was referred by the local family physician after he had been examined three or four times and nothing organically wrong was found. The subject's mother made the first appointment at which time she was present. The subject, from then on, arranged his own appointments. Judging from the subject's verbal behavior, the number of appointments missed, the records he kept and the follow-through on homework assignments, he had a high motivation for change.

Although the subject probably had problems other than those discussed in the body of this case study, he presented himself to the psychologist as desiring to decrease certain problem behaviors. Other behaviors were not discussed at the initial time of intervention though an "open door" philosophy was taken with the subject after dismissal. A search for additional pathology symptoms by extensive psychodynamic approaches, behavior rating scales, etc., was not made. There was a monitoring in the school environment of appropriate behaviors.

DESCRIPTION OF THE PROBLEM: The problems the subject presented could be designated into three different categories: auditory hallucinations, difficulty with the onset of sleeping behaviors, and anxiety reactions.

The auditory hallucinations were described by the subject by these direct quotes:

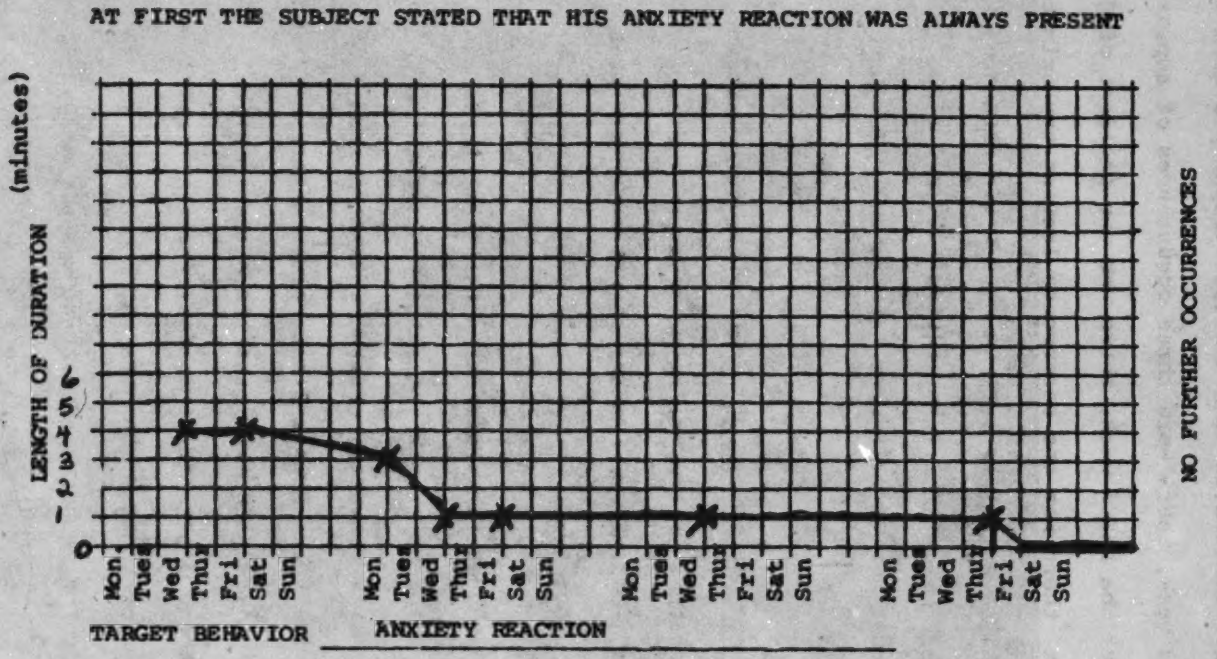
"It is like a clanging or banging in hour head"; "Last week it was banging and laughter in between"; "It could be noise like machinery could make".

The subject also complained of problems with the onset of sleeping behaviors. He indicated that many times he would go to bed at 11:00 and may not be to sleep until 3:30.

The third classification area is anxiety reactions. It was felt that the anxiety reactions were a causative factor in the disturbance of sleeping behaviors and in auditory hallucinations. The subject had a fear response to the possibility of losing control of his own behavior and these anxiety reactions were interpreted as a "funny feeling" on his part. The following verbalizations from the subect illustrate the point: "I feel like I am losing control"; "I can't lose control"; "I have got to do something about it"; and "I worry about it so much it just gets bad". The anxiety reactions included symptoms of headaches, dizziness, muscle tension, auditory hallucinations, and interference with sleeping behaviors. The reaction also surrounded social disapproval. The subject felt that he may behave in a way that he would judge himself as undesirable as well as his peers. He felt that they would then think that he was less than desirable.

BASELINE: During the first session, self-monitoring procedures and training concerning locus of control were presented. At this time, the subject stated that the "feeling" (which has been and shall be referred to from now on as an anxiety reaction) was present at all times. The subject was asked to monitor the frequency of his reactions using either a timed-based or incident monitoring system and to bring the data to the next session.

GRAPH


AT FIRST THE SUBJECT STATED THAT HIS ANXIETY REACTION WAS ALWAYS PRESENT
LENGTH OF DURATION (minutes)
0
Mon Tues Wed Thur Fri Sat Sun Mon Tues Wed Thur Fri Sat Sun Mon Tues Wed Thur Fri Sat Sun Mon Tues Wed Thur Fri Sat Sun
NO FURTHER OCCURRENCES
TARGET BEHAVIOR ANXIETY REACTION

During the first week of data collection, the subject showed two occurrences of approximately five minutes in duration (see graphs provided with case study). The second week, there were three occurrences of approximately two minutes in duration; the third week, there was one incident of dizziness; and the fourth week, there was one occurrence lasting approximately one minute in duration. It is interesting to note the differences in the subject's approximations during the first session ("The feeling is always there") and the actual number of occurrences after self-monitoring procedures were established.

ANTECEDENT AND CONSEQUENT CONDITIONS: During the establishment of baseline and the continuation of self-monitoring procedures, the subject was asked to note the date, time, conditions, and any covert mediators present at the time of the anxiety reaction onset.

Examination of the antecedent conditions showed that the anxiety reaction occurred much more frequently when the subject was not busy. The subject stated, "It occurs more frequently around bedtime or when I am not busy. After I go to bed, it is the worst; I have time to worry. If there is a lot to do, I don't even think about it; then there are no effects." The subject also indicated that the onset of the anxiety reaction may also occur at times other than idle time or bedtime. He stated, "Something may set it off." The "something" that the subject referred to was probably a covert mediator of some type which served as an antecedent stimuli for further covert mediators, eventually causing various undesirable overt and covert behaviors. This examination indicated that attempts to cut down specific environmental

cues would not be successful, since in all probability, the cues were covert. In examining the antecedent conditions, it appeared that in almost all incidences covert mediators were, in fact, the only stimuli for the behavior. Occurrence was more frequent when the subject was able to freely engage in covert self-talk.

In examining the consequent conditions, the writer can only postulate the possible reasons why the behavior was maintained by the subject. The ABC's (the antecedent conditions, the behavior, and the consequent conditions) of the subject appeared to be as follows: In the antecedent conditions, a covert mediator of some type would appear in the subject's conscious such as, "I am afraid I will lose control" which would then serve as an antecedent stimuli. Then the anxiety reaction behaviors would occur which included physical reactions such as muscle tightening, eventual headaches, some dizziness, etc. The subject interpreted this as losing control. The consequent conditions must have been the positive validation of the original covert mediator which furthered the occurrence of the antecedent stimuli and set up a cycle or chain. The subject would say to himself something to the effect that, "See, I am, in actuality, losing control as evidenced by this new 'feeling' and therefore, I was originally correct and need to continue to be afraid and nervous that I will go ahead and lose more control than I presently have." This "cycle" probably varied in its content.

OTHER CONDITIONS EFFECTING INTERVENTION: The writer was aware that the subject could, in fact, bring the undesirable behaviors under his control as evidenced by the following verbalizations: "It goes away after awhile if I can think

of something else." "If there is a lot to do, I won't even think about it; then there is no effects." These verbalizations indicated to the therapist that, in fact, the undesirable anxiety reaction could be brought under the subject's control by either arranging the environment and/or modifying covert processing.

DESCRIPTION OF SPECIFIC TREATMENT STRATEGIES: As mentioned previously in this paper, the writer attempted to use a multi-modal approach to therapeutic intervention. For the purposes of clarity, a more global description of a therapy intervention will first be provided. Following this description, a breakdown of the specific modalities and their relationship to the global approach shall be made.

The main thrust of the therapeutic intervention could be labeled behavioral self-control. The subject was first of all instructed in locus of control, or the ABC's of behavior. The relationships between the data that he had gathered and the occurrences of the anxiety reaction were pointed out to him. In talking about this, the subject became aware that his behavior could, in actuality, become directly under his control. The second step in the behavioral self-control intervention was teaching the subject about record keeping and the value of record keeping in the whole process of intervention. The third part of the behavioral self-control intervention was goal setting by the subject. Following data collection, the subject would set a goal for the following week or two week period, which he would attempt to achieve using some of the techniques that he had learned during the therapy session. The fourth intervention concerning behavioral self-control was teaching the

subject to arrange his environment in such a way as to further goals and decrease the amount of maladaptive or undesirable behaviors. The subject was administered a test for identifying potential reinforcers and was instructed how to make positve consequences contingent upon appropriate reduction in undesirable behaviors. The fifth part of the behavioral self-control intervention was a modification of covert processes. The intention here was to interrupt the ABC chain as previously described in this paper. The subject was offered several different covert strategies. These will be discussed under the Cognitive Modality.

Since anxiety was one of the main considerations in therapeutic intervention, measures were taken to introduce the subject to various relaxation techniques and to pair relaxation with the images and covert mediators which previously had set the chain or cycle into play.

The writer has briefly described the general approach in the above paragraphs. He would now like to break down the intervention into the various modalities that were approached and further describe the specific intervention for each modality. Dr. Lazarus describes the modalities of human functioning as behavior, affect, sensation, imagery, cognition, interpersonal relationships, and drugs. The drug modality was not touched upon due to the previous involvement of a physician and the training of the writer. Each of the other modalities will be touched upon and the various interventions will be discussed in terms of that specific modality. The reader will readily see overlapping in the various modalities.

BEHAVIOR: The behavior modality included the following behaviors that were

presented to the therapist as maladaptive and the subject desired these to be changed: Sleeping behaviors, anxiety reactions, and auditory hallucinations. The treatment in this modality primarily consisted behavioral self-control which included training in the locus of control or the ABC's of individual behavior, contracting, record keeping, goal setting, arrangement of the environment to reward reduction in the maladaptive behaviors, training in relaxation techniques, training in the use of imagery, and various other techniques which in the long run did modify the subject's behavior.

THE AFFECT MODALITY: The problem here was the anxiety or the fear that the subject experienced. In attempting to modify this fear, the subject was taught rational self-talk. For example, it was rationally discussed with the subject that worrying many times exaggerates the problem out of proportion and seems to make it more difficult to deal with, may bring about the feared event or at least increase the probability that it will occur, is actually unconstructive to attacking the problem or preventing a real danger, and that worrying many times clouds the view and takes energy away from the individual that can be used for other things. The specific irrational beliefs were identified by the therapist and the subject agreed to the irrational beliefs that he possessed. Techniques for disputing these beliefs in accordance with rational-emotive therapy were discussed with the subject. It was suggested to the subject that he adapt the following frame of reference when covert mediators concerning worrying behaviors appeared. "Even if the event that I am worrying about happened, I certainly can learn to live with it and it would not be terrible, horrible, or awful, etc."

Rational self-talk as well as relaxation techniques were to be used by the subject to break the ABC chain whenever anxiety or fear concerning the problem behavior presented itself to him. For instance, the subject feared that he would lose control and as a consequence of this fear of losing control, he would be socially rejected and viewed as emotionally disturbed by various peers. This image was first of all rationally discussed. The subject was asked various questions such as the following: Have you ever had an incident of losing control in the past? The subject responses "no". Do you feel that people are always in complete control or 100% in control of their own behavior? The subject responded "probably not". It was rationally discussed then in all probability the subject's worries were quite irrational. First of all, they never had occurred and secondly, by asking himself never to "lose control", the subject was setting, essentially, a perfectionistic and unattainable goal.

THE SENSATION MODALITY: The sensation modality primarily concerned itself with anxiety reaction cluster whose manifestations included dizziness, light headedness, tightening of muscles, and headaches. The basic approach to deal with the sensation modality was to train the subject in progressive relaxation and some basic self-hypnosis techniques. The subject was trained during the therapy sessions in the tightening of the muscle groups in order to relax them, was instructed how to use deep breathing, was provided with an induction tape for relaxation and instructed to practice this for approximately twenty minutes two times a day. Various techniques of using imagery for relaxation purposes were also discussed with the subject.

THE IMAGERY MODALITY: In attempting to deal with the anxiety reaction which manifested itself in the fear of losing control, as well as images of social rejection by the subject, imagery did have a place in intervention. The subject was instructed to immediately go into various relaxation techniques such as deep breathing when the antecedent stimuli (covert mediator which first started the chain or cycle) first occurred. Images of the subject being relaxed, of a calm body of water, while the subject was talking to himself rationally and engaging in deep breathing proved to be quite beneficial. Imagery was also used in therapy situations in having the subject imagine what would, in actuality, happen if his feared projections would come true. The subject was then asked to use imagery to imagine the situation if he would in fact lose control. The subject was unable, in essence, to imagine the undesired consequence in its entirety. A description of an appropriate or more likely consequence was provided to the subject and he was required to practice imagining these consequences for a short period of time.

THE COGNITION MODALITY: The cognition modality was also emphasized in intervention. Modification of cognitive processes through rational self-talk was employed in this modality as previously described to reduce worrying, perfectionistic goal setting, and various other unrealistic, unreality based covert mediators. Strategies for controlling covert mediators were also offered to the subject and he chose the one which he felt would be most appropriate. The following is a list of strategies that were available to the subject:

1. Shout internally, "get out, get away from me, what a stupid thought". The subject was to do this over and over again to rid himself of undesirable thoughts.
2. The subject was instructed in how to use external self-punishment for undesirable thoughts.

3. The subject was instructed how to use internal self-punishment such as using imagery to imagine what would happen if, in actuality, the feared behavior became reality. (This was successful.)
4. Thought stopping was also a covert strategy offered to the subject. The subject was to shout covertly, "Stop" when an undesirable covert mediator emerged. Then he was to follow this "stop" with a set of rational talk concerning the feared behavior. For instance, "I am afraid I am going to lose control"; "Stop!"; "Even though the event I am worrying about happened, I can certainly learn to live with it and it would not be terrible, horrible, or awful." (Those of you familiar with Albert Ellis can certainly recognize the origin of these rational thoughts.) These covert strategies were practiced using behavioral rehearsal.
5. Finally, a covert strategy offered to the subject was to follow the first antecedent covert verbalization (stimulus) with a negative self-evaluation and end up with a positive self-evaluation. For instance, if the subject would say to himself, "I am afraid I am going to lose control", then he was to pair this antecedent covert mediator with two other mediators, the first being negative and the second being positive, such as "Worrying about losing control increases the probability of the feared event happening (negative). Therefore, if I do not worry, it will be less likely that I will, in actuality, lose control (positive)".

<u>THE INTERPERSONAL RELATIONSHIPS MODALITY</u>: Probably the largest problem here was the social rejection that the subject predicted from his peers if, in

actuality, he would lose control. Primarily, the treatment approach here was acceptance by the therapist and imagery techniques. First of all, discussion was given to the fact that if the behavior that he feared did occur, it would not be as terrible, awful, or horrible as he had predicted and he would very definitely be able to live with this behavior. Imagery techniques concerning peer acceptance were also used by the therapist to help rid the subject of the predicted social rejection.

RESULTS: The results of the therapeutic intervention were, indeed, successful. The subject continually reported less and less occurrences as the therapy progressed and was dismissed after six sessions. The subject was contacted by telephone in a follow-up five months after he was dismissed and he reported no re-occurrences of the target behaviors. When the subject was finally dismissed from therapy, it was noted that his sleeping behaviors had improved; there was few, if any, anxiety reactions; and no auditory hallucinations were present. It was discussed with the subject that total elimination of anxiety reactions was very improbable and that he did have a variety of techniques he could use to deal with anxiety reactions and cope with it reasonably well so he need not fear behaving inappropriately in front of his peers.

DISCUSSION: It was felt by the writer that the above case was extremely interesting and challenging and allowed use of the techniques and styles with which he had been educating himself. The writer does realize the limitations that he presently has in terms of knowledge acquired about covert processing as well as limitations in the area of perception. It is assumed by the writer that the effectiveness of the therapeutic intervention was

primarily due to the previous acquaintance and practice using a "bi-modal behavior therapy approach". The writer had in the past used various behavioral self-control techniques as well as basic premises from rational-emotive therapy in modifying other clients' difficulties. A multi-modal approach obviously encompasses a very wide body of knowledge and would require the therapist to be well versed in many different approaches to emotional problems. It is felt by the present writer that if three of the modalities had been covered, the intervention would have been successful. These modalities would have been behavior, cognition, and sensation. The therapist then would have to be well-versed in behavior therapy, rational-emotive therapy, as well as progressive relaxation techniques.

I would like to take this opportunity to thank the Arrowhead Area Education Agency for providing me with a sufficient amount of time not only to prepare and read the information necessary to program for this individual but also to carry through with therapeutic interventions and follow-up checks. It is, indeed, a privilege to work for the Arrowhead Area Education Agency as a psychologist due to the amount of flexibility that can be taken by the individual school psychologist and the consequent results that can be achieved.

BIBLIOGRAPHY

REFERENCES:

Thoresen, Carl, & Mahoney, Michael J., Behavioral Self-Control, 1974, Holt, Rinehart and Winstron, Inc., Pub., New York.

Lazarus, Arnold A., Multimodal Behavior Therapy, 1976, Springer Publishing Company, New York.

Ellis, Albert, Reason and Emotion in Psychotherapy, 1975, Lyle Stuart, Pub., Secaucus, New Jersey.

DECREASING AVERSIVE OFF TASK BEHAVIOR OF AN EARLY ELEMENTARY STUDENT

Bradley W. Rasch
Arrowhead Area Education Agency
916 Superior Street
Webster City, Iowa 50595

ABSTRACT:

John X, a first grade boy in a rural Iowa school, often disrupted his class by constantly demanding his teacher's attention. A behavioral management program was implemented allowing the student and teacher to monitor the disruptive behavior. John was allowed to work for an activity reinforcerer which he could earn by exhibiting decreased off task behavior.

January, 1978

Bradley W. Rasch

Decreasing Aversive Off Task Behavior of an Early Elementary Student

ABSTRACT:

John X, a first grade boy in a rural Iowa school, often disrupted his class by constantly demanding his teacher's attention. A behavioral management program was implemented allowing the student and teacher to monitor the disruptive behavior. John was allowed to work for an activity reinforcer which he could earn by exhibiting decreased off task behavior.

INTRODUCTION:

When attempting to modify the behavior of a younger student, the behavioral consultant must remain cognizant of the younger student's need for a simple and clear behavior management program if this is the type of program that will be implemented. Through experience, most of us have found it advisable to work on eliminating a maximum of one or two well defined target behaviors at a time. These target behaviors must be well understood by the child involved in the modification procedure. In the case to be described, one target behavior was worked on for each three week period. The student was required to verbalize each morning the behavior he was attempting to eliminate that day. By having the child do this, we knew that he was definitely aware of what specific behavior he was working to eliminate.

METHOD:

John is a friendly, left-handed student who is seven years of age. He is somewhat smaller in size than his classmates. John has both natural

parents, no siblings, and has no apparent health problems. John appears to be having no difficulties in the area of Speech and Language development. John is a boy with average intelligence and has age appropriate academic skills as measured by standardized achievement tests.

While John evinces good academic skills in class, his behavior was our area of concern. John would continually talk out of turn in class interupting the teacher frequently. John would distract his classmates by walking around the room, by poking them, and the like. John's behavior, as described above, will be labeled "off task" behavior for our purposes here.

The author met with the classroom teacher, the Learning Disabilities Resource Room teacher, and the parent and recommended the behavior management program described herein.

First, the teacher was asked to pick one behavior she would most like to have John discontinue. She stated that John's tendency to poke his peers during teaching time was her major area of concern. It was decided that a one day baseline would be obtained. The baseline data was obtained the next day and indicated that John had poked his classmates 19 times during instructional periods that day.

A second meeting was convened to develop a behavior-management program. This program required John to sign a contract stating that if he did not poke his classmates during the first half of the day then he would receive ten minutes of "reward time" alone with the Resource Room teacher in the afternoon. John enjoyed drawing, and he was to be allowed to draw for ten minutes if he met the requirements set forth in the contract. (John was asked at the second meeting what he enjoyed doing and responded that it was drawing.) The contract was explained to John and he was required to repeat it in his own words so the staff was certain that he understood the terms.

The contract was signed by John, both parents, the regular and special class teacher, the Superintendent, and the School Psychologist. Each morning John was required to verbalize what behavior he was working to eliminate. The graph below indicates the frequency of poking during the first three weeks period which was devoted exclusively to the elimination of poking.

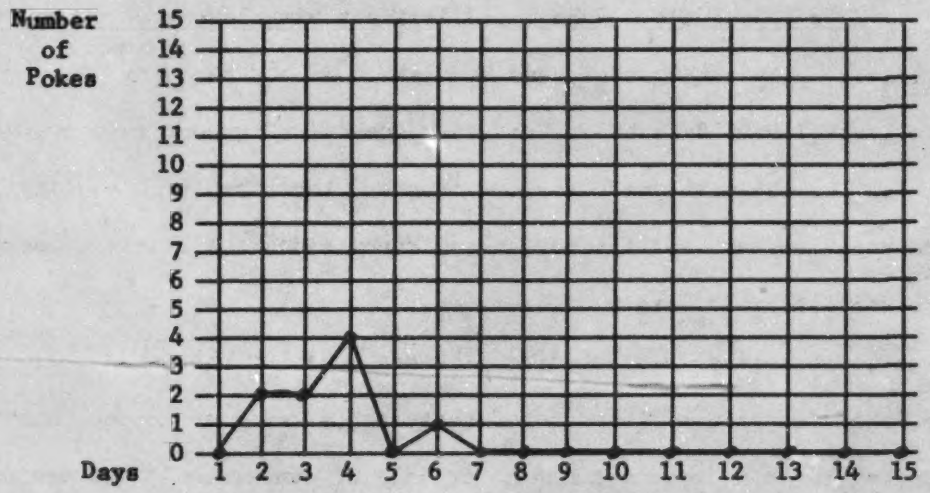


Figure 1

DISCUSSION:

It is quite apparent that this behavioral management program was successful. The current thinking of the staff appears to be that a very potent reinforcer was discovered in that John appeared to be quite unhappy when his behavior did not allow him drawing time. At present, John is working on eliminating another target behavior in a second three week period. Similar success has been experienced with eliminating the second behavior with a slight relapse of John's poking. A major drawback of using this type of procedure with a younger child is that it is advisable to work on one behavior at a time so as not to confuse the student. Because we worked on one behavior each three week period we did experience a spontaneous

recovery of the poking behavior. Fortunately, the procedure used required John to monitor his own behavior and there was considerable generalization. By this, it is meant that John's behavior in class improved in many ways when the procedure was implemented. It is thought that the signing of the contract by so many people in John's presence may have encouraged the generalization of John's positive behavior.

ELECTRONIC HEAD POSITIONING DEVICE FOR MULTIPLY HANDICAPPED ADOLESCENT[1]

Philip B. Bowser
Grant Wood AEA
114 Second Avenue
Coralville, Iowa 52241

Abstract

An electronic device to provide auditory feedback of improper head positioning is described. The device can be inexpensively manufactured, mainly from scrap transistor radio parts.

[1]Co-authors for this project include David Walker, an independent engineer from Iowa City, Marsha La Folette, a teacher for the Iowa City Community School District, and Jeffrey Knox, a speech and language clinician for Grant Wood AEA.

INTRODUCTION

In the past decade, citizens have experienced varying degrees of electronic culture shock, to the point that one may wonder if there are appropriate uses of technology. Although people may righteously gripe at the computor which innacurately processes credit card statements, it is more difficult to become very angry at the pocket calculator which is used to catch that same error. For special educators, the problems involved with the appropriate use of technology center about the lack of specific equipment for low-incidence problems, and the cost of such equipment, when it actually does exist (Lance, 1977).

Typically, companies which manufacture devices such as an electronically-synthesized voice for the non-vocal (HC electronics, 1977), or toilet-training signals (BRS/LVE, 1976) are working under a handicap from the special consumer's point of view--the companies must make a profit. To make this profit, the devices must be priced so as to overcome a large research and development debt in an expectedly limited market. Clearly, there is a real need for special educators to have contact with engineers who can simply and inexpensively meet the technological needs of the handicapped. In this way, we can place the emphasis on providing a benefit to individuals, and not on increasing the profit margins of selected companies. This case study describes on such matching of needs and services.

METHOD

The student in question is an adolescent female with spastic quadriplegia and a moderate mental disability. During a team meeting, the classroom teacher described a problem in this student's learning program. Although the student's chair had been modified to support her in the best possible position, the student was required to maintain a certain degree of head control on her own. This helped her to increase the strength of her neck muscles, and enabled her to do more accurate work. Proper head positioning was essential to maintain her health, and to increase the level of her pre-vocational skills.

Through the use of an integrated team approach, information was available from many sources, including aides, occupational therapy, speech and language, special education consultant, special education nurse, and the school psychologist. It was clear that the student was not maintaining proper head control. Further, the situation was ripe for accidental reinforcement of "head down behavior" since verbal reminders were used on a variable schedule to ask her to lift her head up. The problem required much staff time, since full-time visual contact was required to supervise head positioning.

It was decided to deal with this situation as a problem of discrimination and immediate feedback. There was a wide range of acceptable marginal positions for head positioning, and the student needed training in what constituted "good" and "bad" positioning. To conduct this training, immediate feedback of head position was needed so the student would be reminded of the

need to attend to head position, and the staff would have a reliable definition of good position for reinforcement purposes. A signal device for this problem was not available at the time of the team meeting, but one has been reported in journal advertising for approximately $400. Perhaps someone in the community could be located to assist the staff.

A consulting engineer was located. His interest in special education stemmed from his contact with a severely retarded neighbor child. After several on-site visits and meetings with the staff, he designed the feedback device. Figure 1 shows the schematic diagram for the final design, engineered by David Walker, who considers the circuit to be in the public domain. Although not obviously clear from the diagram, the unit consists of two parts; one section contains the batteries, speaker, and amplifier while the other part consists of a sensor.

Although the device will work on any switch closure, the unit was made with an optical sensor. The sensor is a photocell which allows small amounts of current to flow only when light strikes the sensor. This is mounted on a strip of Velcro fastener for easy placement and removal on the foam head support, under the terry-cloth cover which protects both the foam support and the sensor. The sensor does no damage to the student's head.

The sensor is connected to the amplifier box by a long wire. The box itself is mounted on the wheelchair by Velcro fasteners. When the unit is placed in operation, the sensor is mounted within the foam head support and "aimed" to accept light from the back of the student's head. The amplifier box is turned on, and speaker volume, sensitivity of the photocell, and pitch of

the reminder tone is adjusted. Acceptable sensitivity was defined as the setting which would produce a tone from the unit if the head moved more than 7 cm. from contact with the extreme rear portion of the foam support.

When the student maintained an appropriate position, the photocell sensor received little or no light, being shaded by the student's head. Variations in room brightness were controlled for by the sensitivity adjustment. If her head were allowed to fall forward, light would strike the photocell, allowing current to flow. Current coming from the photocell was switched to a tone generator, the output of which was amplified to drive a small speaker. A cycle timing circuit caused the tone to pause approximately once per second, thus preventing the device from reacting to minor head movements, and conserving battery power. Both the volume and pitch of the tone could be controlled to prevent accomodation to the stimulus either by the student or the school staff.

Recommendations were received from the AEA staff regarding the length of time which would be appropriate for training without overtiring. Since head positioning was critical during a fifteen minute sorting task, the feedback device was used only during this task, and during feeding.

RESULTS

Initially, the student enjoyed having control over the tone. Much of the time was spent in turning the tone on and off, giggling all the while. With teacher reinforcement, the device gained in use as a reminder of head positioning. It provided

the student with a bit of status in the classroom, as she was the only one who had a "CB" on her wheelchair. The school staff could now monitor head positioning without constant visual contact, and they could more easily avoid accidental reinforcement of poor positioning. Additionally, the student gained in self-control, and eventually learned to use the beeps as a communication device.

The unit itself has failed only once, due to a break in the wire which leads from the sensor to the amplifier box. Anyone who has experienced a broken microphone cord near the cord and the plug which fits into the recorder will recognize the problem. Since the device draws current only when it is actually making the beeping sound, the batteries will last several months when used every day at school for three hours or less.

Although the main purpose of this paper is to disseminate the circuit design so it may be used in other centers, some early data has been collected. Additional research on its effectiveness is planned, but it is hoped that others will begin to use this device, and assist in the collection of empirical data. This author would like to communicate with any center wishing to duplicate the unit. It should be noted that the device can be built through the good will of a friend who is knowledgable in electronics as a hobby, and the pieces from a junked transistor radio. Only a few of the parts need to be bought new.

After the student had been in contact with the feedback device for approximately two months, she was observed for head out-of-position behavior under two treatment conditions--unit turned on, and unit turned off. A task was chosen which required

proper head positioning in order for the student to accurately move her arms and hands at the midline. Table 1 shows the results of observations taken on six separate days.

TABLE 1

Percent of "Head Out" Time--Two Conditions

Reminder on/off	Time in Seconds	% Head Out
off	952	85.81%
on	900	43.55%
on	1103	34.99%
off	900	22.33%
on	1335	26.29%
off	900	64.33%

During this task, head out of position was timed by a member of the staff, using a stopwatch. "Out-of-position" was defined as the back of the skull placed more than 7 cm. from the midpoint of the headrest arc. Total task time plus time for "head out" was recorded, and the percentage was calculated.

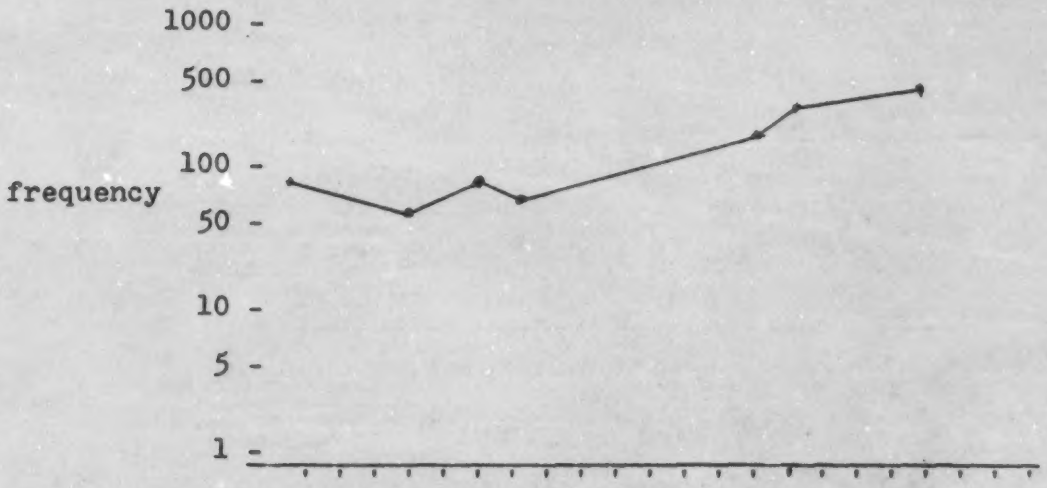
Since the S had previous contact with the unit, the data does not show a true acquisition curve. In fact, on a day in which the student showed exceptionally good performance in all areas, the time out of position without the reminder was equal to the time out of position with the reminder. This produced a large variance for scores within this condition, so the t-test for the

above data was not significant.

It was during this series of observations that the unit's value as a behavior counting aid became clear. Since the unit produces a sound at regular intervals, by counting the number of "beeps" in a given time frame, one may record out of position behavior with great reliability. The error of humans judging a 7 cm distance is eliminated. Figure 2 shows the data recorded for head out of position during feeding training.

FIGURE 2

"Beeper" Reminders During 10 minutes of Lunch Period



The graph clearly shows that the situation was worsening. The staff had hypothesized that the student was purposefully lowering her head to obtain a reaction from the staff member assigned to work with her on feeding. An ignoring procedure was tried, but since the staff member became visibly angered with the student during feeding, the ignoring was not successful. Currently, a change in feeding procedure is being tried, instead of the ignoring.

DISCUSSION

It is hoped that others dealing with the multiply handicapped will be able to duplicate this device from the dissemination of the circuit in this case study. The following areas should be kept in mind when working with such a device.

--The amount of time when the unit is in use should be carefully monitored to prevent fatigue.

--Correct positioning should be rewarded by the staff on a variable interval basis, and records kept of behavior so that changes can be observed more clearly.

--The volume and/or tone should be regularly changed to prevent accomodation to the feedback signal.

--Junctions of wires and plugs are high-probability fault areas. Much stress is placed upon the wires in these areas, resulting in broken wires to the sensor. If the unit fails, check the cords and the batteries first.

--If the unit is not scheduled to be faded from use, it can become a communication device for the student. The beeping sound can be used to summon teacher attention or to irritate a staff member who is susceptable to anger over a resistive student.

REFERENCES

BRS/LVE. Human Test Catalog #6. Tech Serve, Beltsville, Maryland, 1976.

HC Electronics, Promotional Information on Phonic Mirror Handi-Voice HC 110. American Hospital Supply Corporation, Mill Valley, California, 1977.

Lance, W. D. Technology and Media for Exceptional Learners: Looking Ahead. Exceptional Children, 44(2), 1977.

Phillip B. Bowser

HEAD - UP REMINDER

2/17/77 D. M.

Phillip B. Bowser

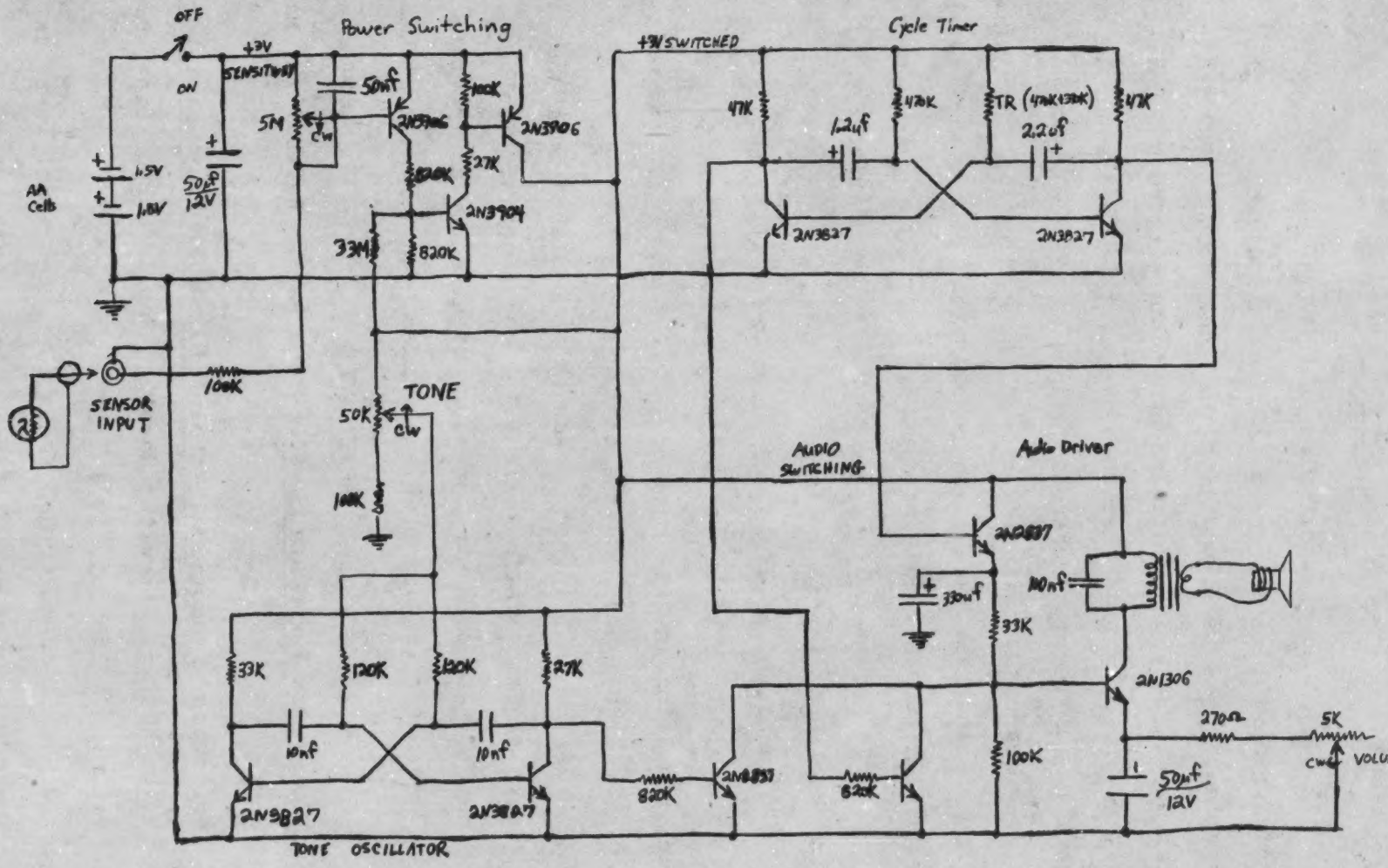


FIGURE 1

DEVELOPING SOCIALLY ACCEPTABLE BEHAVIOR USING THE STUDENT'S VALUES AND A DATA BASED SYSTEM

Darrell Dierks
Chronic Disruptive Program
Orange School
6028 Kimball Avenue
Waterloo, Iowa 50701

ABSTRACT

A chronically disruptive student becomes socially acceptable in the school setting after learning to identify unacceptable behaviors, setting goals for change, and assuming the responsibility for his own behavior.

February, 1978

INTRODUCTION

This student was selected for the case study for the following reasons:

1) The case could be found in almost any school
2) There are many problems represented
3) Many organizations/agencies and professionals have been involved
4) Many evaluations were done with different results
5) Conflicting recommendations have been made
6) Parents have been resistive to school authority
7) Previous treatment attempts have focused on what others should do to help (outer locus of control)
8) Student responded favorably to his own goals (inner locus of control)

The student selected was an eighth grade, 14 year-9 month old white male who was the youngest of three children, with an older sister and brother. The parents were low-to-middle classed socioeconomically. The father managed a small business, and the mother worked part time in the business. The father was hard-working and spent many hours in the business, and little time with the family. He was described as harsh and punitive. The mother was described as "soft" and permissive. The older brother had been on probation for delinquency. The family lived in a suburb of a metropolitan area.

At least 19 professionals have been involved over a five year period in attempting to remediate the problems of this student. These include psychologists, a psychiatrist, a neurologist, consultants, counselors, social workers, and a

probation officer. Past school placement recommendations have included a regular program, retention, an LD resource room, a self-contained ED room, a self-contained CD room, suspension from school, and expulsion. (Please refer to the pages titled "Diagnostic Findings" and "Chronology of Testing Data and Events" for information which may not be in the text of this case study.)

This student was presented to the staff of the chronically disruptive program for consideration of placement. The school and social histories were disturbing. The student had been expelled from school, was under supervision of the social services department, had been on probation, was significantly academically retarded, and was antisocial at school.

Psychologically, the student was described as having average mentality, being distrusting of male authority figures, and having a low anxiety level with many defenses including denial, fantasy, projection, and repression. He was angry and hostile, had a negative set about school, was mentally disorganized, and had been suspended from school at least a dozen times.

The parents were resistive to school authority, did not want anything to do with the chronically disruptive program, and denied having any problems with the student. They reluctantly agreed to the student being enrolled in the chronically disruptive program. At this point there were no other feasible options available to them.

Although the probation office had been involved with the case previously, no representative was actively working with the student during the intake or staffing procedures. The social services caseworker was not initially active in the placement either.

METHOD

The student was informed that the staffing would be a meeting to determine what he wanted to do about school. The staffing was analogical to a football meeting; i.e., the student was told it was his ball game and he was the quarterback who called the plays. There were certain rules of the game, but he would be responsible for deciding what would happen. The teammates included the parents, a CD teacher, CD psychologist, CD consultant, CD social worker, and CD principal. The teammates could help him if everyone knew the game plan and each play. The assignment each teammate received would depend on the specific objective of each play.

The student quickly moved into his role and stated that his goals were: 1) to improve his reading skills, 2) to make better grades, 3) to stop bothering others, 4) to get along with his teachers, and 5) to accept responsibility for his behavior. The parents were surprised at his frankness, and agreed that he needed to "get his act together."

It was agreed that the problems were significant enough to warrant placement in the chronically disruptive program. (The actual pathology required for

placement had been verified earlier by the evaluation team.) Everyone attending the staffing stated that they felt the program would be the best alternative for the student. Of course, the student himself was asked his preference first. The staffing form, a contract of agreement about problems and treatment, was then signed first by the student and then by the parents and appropriate staff members.

The student was enrolled immediately and began attending the next school day. (Formal expulsion occurred after it had been determined that the student was eligible for the CD program. The school was reluctant to expel a student under compulsory attendance requirements without having an appropriate alternative program available.)

The student was placed in a self-contained special class with two other students, neither of whom had completed the compulsory attendance requirements. There were 36 school days left in the year, and the student attended 35 1/2 days, with only a half day's illness preventing perfect attendance. (A previous school problem had been numerous truancies.)

The management system stressed a matter-of-fact cause and effect method (a designed low nurturant level.) Consistent expectations and predictable consequences were experienced at school. The student tried numerous types and intensities of misbehaviors. The parents were somewhat cooperative, but maintained a low profile. The social services caseworker maintained an even

lower profile. The only discernible differences the student experienced were at school.

There was unanimous agreement at the end of the term (seven weeks for this student) that he should be continued in the program in the fall.

Several different factors were introduced in the fall. The student was placed in a junior high school type of program (chronically disruptive) with seven teachers, each covering a specific subject area. The student moved from class to class as scheduled, rather than remaining in the self-contained (one room) program.

Two data based management systems were imposed, including 1) a positive feedback system rating desired behavior over a ten period schedule, with a possible five points per period, and 2) a behavior ratio system which monitored undesired behavior in ten categories. Both systems were used in a matter of fact way to feedback to the student. The feedback was often immediate, and the longest period of time possible without feedback was 35 minutes. Positive feedback was done on a factual basis without any affectual connotation. The negative feedback was matter of fact, but also instructive, with preferred behaviors being stated.

A daily tabulation was posted on the board, as well as being entered in the

students' records. Incentives were offered for good scores by means of cash prizes awarded at the end-of-the-month assembly, or the possibility of participating in such activities as bowling during school time. Various awards were offered for highest daily average scores, attendance, most improved scores, best overall group scores, best behaviors, and most points earned during the month.

A monthly report of both positive and negative scores plus academic ratings was sent to the parents and the caseworker. (Note "Comparison of Student Behavior vs. Group" chart in reference section.) A vertical line graph was made to show the student, parents, and caseworker how each behavioral category compared to others.

The negative points carried corresponding loss of privileges at school. The student center, equipped with pool tables, pinball, ping pong, and a weight lifting set, was available to the student as long as there were no violations. Violations caused a loss of time allowed in the student center (one of the ten daily scheduled periods.) When the student misbehaved excessively, he would have no opportunity to enter the student center, but rather would have to attend a supervised study. An incentive method was used there, offering the student a reduction in penalty time if he did school work. (Thirty minutes of study reduced the time penalty by an added 50%, giving 45 minutes total credit.)

RESULTS

The student's truancy problem was eliminated. Only a half day was missed during the initial seven weeks that he was in the program. During the next semester, only one day was missed.

The fall semester started well. During September the student had better scores than his peer group (see "Comparison of Student Behavior vs. Group" chart.) The nurturance of his environment was then increased, since the improved behavior throughout the cause and effect treatment period indicated that he was ready for a more affectively oriented treatment.

A planned relationship was initiated between the student and a male staff member. The intent was to develop a dependency relationship. The staff began to extend more affect toward the student. As expected, his behavior worsened during October and November, but the relationship developed. The student became more aware of his behavioral problems because his need for defenses (denial, projection, fantasy, and repression) was reduced by the increase in the dependency relationship. In addition, data from the feedback system had been established as valid (earlier cause and effect emphasis.) During this time the student's anxiety heightened, and he appeared fragile. The relationship replaced the defenses, and the anxiety caused a need for the behavior to be changed.

The caseworker from social services resigned, and a replacement was assigned. The new caseworker was more affectively oriented, and rather regular in visits

with the student. The caseworker was most supportive and encouraging about any positive reports concerning the student.

The student's anxiety continued to be difficult for him to handle. He began to look toward some resolution, and a contract was offered to him as a way he could reach his goals and feel good about himself. The contract was established on the data based system (see contract in reference section, and the comparative chart for data references.) The relationship helped the student develop trust that he would be all right if he did what was specified.

The student was surprised by his progress. The data for December and January (see reference chart) was most impressive. The criteria for doing satisfactorily in the program (at least 45 positive points daily average, and a negative behavior point ratio of below 10 for at least a 30 school day period) was clearly met.

The student, parents, caseworker, and CD staff all favored the student's enrollment on a part time basis in a regular 9th grade program, with the remainder of the day being spent in the CD program. (The student's performance will determine when he is ready to be released full time.)

DISCUSSION

Students who are behaviorally disruptive but are well defended from anxiety require precise management to move developmentally through the stages which they have previously been unable to pass through because of their defensive system.

Initial efforts to establish a relationship with such students are commonly attempted, but rarely productive. Those students who can learn to predict the behavior of the other person in the relationship can benefit later on from such a relationship. Too often, however, the student is expected to "trust" someone he is unable to trust.

This student had become developmentally arrested at a pre-relationship level. The nurturant efforts of the mother, controlling punitive efforts of the father, and frustrations of trying to learn in school created a great deal of anxiety in the student. The student learned to defend his anxiety so well through projection, denial, repression, and fantasy that his psycho-emotional development was arrested.

The early efforts made by the environment (outer locus of control) crystallized the student's defenses. The student needed to direct his own behavior in an acceptable manner (inner locus of control.)

The strategy of asking the student (first at the staffing and later with the contract) to identify his problems, set his goals, and control his behavior allowed for transition from the outer locus to control to the inner locus of control. The use of a relationship, a systematic data feedback, and predictable consequences for his behaviors allowed the student to rely on others and eventually show significant improvement.

The development of a close relationship with the student was threatening, and caused an initial relapse in the student's behavior (October and November.) The consistent use of the management system allowed the student to adjust to it. Progress was then very rapid.

DIAGNOSTIC FINDINGS

Psychologists	Consultants
Average Mental Ability	Auditory Sequential Memory Deficits
Slow Learned Ability	Disorganized Personality
Borderline Mental Ability	Visual Learner
High Anxiety	Auditory Learner
Low Anxiety	Hyperactive
Passive Aggressive	Insecure
Overtly Aggressive	Petit Mal Seizures
Withdrawn	Auditory Reception Deficits
Cooperative	Poor Attention Skills
Quiet - Calm	Poor Auditory Figure Ground
Good Reality Testing	Learning Disabled
Negative Mental Set	Emotional Disability
Angry and Hostile	Chronically Disruptive
Disorganized	
Little Motivation	Mental Health Center
Poor Concentration	Significant Emotional Problems
Short Attention Span	World is Very Fearful Place
Excessive Denial	Very Anxious
Excessive Fantasy	Paranoid
Learning Disabled	Weak Ego Strength
Severely Educationally Handicapped	Uses Fantasy Excessively
Severe Emotional Disability	Overwhelmed and Confused
Chronically Disruptive	Parents Deny any Problems

DIAGNOSTIC FINDINGS
(continued)

Mental Health Institute

Hyperactive - (Ritalin)

Hyperanxiety - (Mellaril)

Parent's Identification

School Oriented Problem

No Problem with Discipline

Against CD Placement (initially)

Student's Identification

Poor Reading Skills

Poor Grades in School

Bothered by Others

Talking Inappropriately

Resists School Authority

Blames Others for Problems

Probation Office

Breaking and Entering

Delinquency

Social Services

Child in Need of Assistance

CHRONOLOGY OF TESTING DATA AND EVENTS

Date	Evaluation	Grade	CA	Score	Results
4/68	Metropolitan Achievement	K	5-9	44	29%
10/68	SRA-PMA	1	6-3	6-10	IQ 109
10/69	SRA-PMA	1(Rep.)	7-3	8-2	IQ 113
1/72	ITBS	3	9-6	1.8	6%
9/72	WISC	4	10-1	79-92	IQ 83
9/72	PPVT	4	10-1	Form B	IQ 82
9/72	WRAT	4	10-1	R 2.4	A 2.2
10/72	ITPA	4	10-2	8-5	LQ 83
	(Placed in LD Resource Program)				
3/73	ITBS	4	10-8	2.6	1%
10/73	SRA-PMA	5	11-3	9-3	IQ 90
11/73	ITPA	5	11-3	9-5	LQ 83
1/74	ED Consultant	5 (staff to write terminal objectives)			
3/74	Mental Health Institute	5	(EEG - Ritalin, Mellaril)		
5/74	PPVT	5	11-10	10-2	IQ 87
5/74	WRAT	5	11-10	R 3.0	A 4.5
1/75	Mental Health Center	6	(only two sessions held)		
12/75	ITBS	7	12-5	2.9	1%
2/76	ED Consultant (Removed from LD Program)	7	(disorganized personality)		
10/76	ITBS	8	14-3	4.5	1%
10/76	Ohio Vocational Survey	8	14-3 (Literary Field Best Pref.)		
2/77	(Recommendation prepared for expulsion)				

CHRONOLOGY OF TESTING DATA AND EVENTS
(continued)

3/77	Gates Reading	8	14-8	Acc.2.4	Comp. 2.8
3/77	WISC				
	Key Math				
	HSPQ				
	HTP				
	BG				
	Sentence Completion				
	Mooney				
	Harris				
	TED				
4/77	Expelled from school				
4/77	Enrolled in Chronic Disruptive Program				
1/78	Partial re-integration to regular 9th grade for 3 classes; remainder of school day spent in CD Program				

COMPARISON OF STUDENT BEHAVIOR vs. GROUP

(Average Daily Frequencies)

SEPT.		OCT.		NOV.		DEC.		JAN.		
G	S	G	S	G	S	G	S	G	S	MISBEHAVIOR
0.5	0.4	0.9	0.5	0.8	0.7	0.7	0.0	-	0.3	Failure to start task
0.4	0.1	0.4	0.6	0.5	0.5	0.4	0.1	-	0.2	Failure to complete task
1.1	0.3	1.5	1.8	2.5	2.5	1.9	0.1	-	0.1	Left supervision
1.1	0.3	1.2	1.3	2.1	1.0	1.4	0.0	-	0.1	Verbal aggression
2.1	1.3	1.9	3.2	3.5	3.6	3.0	0.1	-	0.3	Equipment/supply abuse
0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.0	-	0.0	Disrupts others
0.3	0.2	0.5	0.4	0.7	0.5	0.5	0.0	-	0.1	Failure to respond
0.7	0.3	0.8	0.7	1.1	1.3	0.6	0.0	-	0.1	Physical aggression
0.1	0.0	0.2	0.2	0.3	0.4	0.4	0.0	-	0.1	Support intervention needed
0.6	0.0	0.1	0.1	0.1	0.2	0.1	0.1	-	0.0	Violated behavior code
6.6	3.1	7.7	9.0	11.8	10.8	9.1	0.4	-	1.3	Average daily violations
15.3	8.0	22.3	22.8	31.7	31.4	23.7	1.6	-	2.4	Average behavior ratio
40.9	43.3	36.5	36.1	37.7	34.6	40.9	48.9	-	48.5	Average daily points

G - Group

S - Student

A behavior ratio of 0.0 is perfect, and there are 50 possible points per day. In order to be eligible for return to the regular school program, or for a work program, the student must maintain a daily point average of 45 or more, and a behavior ration of 10.0 or less, over a six week period (30 school days.)

Darrell Dierks

STUDENT - STAFF CONTRACT

November 18, 1977

RE: (student's name)

BY: (staff member's name)

PREMISE OF AGREEMENT: Expressed desire of student to return to regular school at end of the first semester.

PROBLEMS:

1) Daily point average is too low.

2) Behavior ratio is too high.

GOALS:

1) Student must have 45 point daily average for six weeks.

2) Student must maintain behavior ratio below 10 point average for at least six weeks.

DISCUSSION: The student's behavior chart was reviewed, and these areas were noted to be especially troublesome:

	October Average	November Average
Leaving supervision	1.8	4.3
Verbal aggression	1.3	1.4
Equipment abuse	3.2	5.6

GOALS: For the time period November 18th to December 1st, the student will reduce his behavioral violations as follows:

Leaving supervision - not over one a day

Verbal aggression - not over one a day

Equipment abuse - not over two a day

It is understood that these levels are not sufficient for the student to qualify to return to regular school, but they are a place to start.

PLAN OF ACTION: Student will bring point cards to me every other period when they are 4's and 5's. Staff member will tell student when the points will fall below the required average. If student receives less than a 4, the rating will be brought directly to the staff member. The student will not hassle with any teacher about the rating. The student and staff member will discuss the situation and an excused pass to the next class will be issued, if the conditions are met.

Signed_____ (student)

Signed_____ (staff member)

The Responsive Teaching Model: Focus On The Mentally Retarded

by

Joseph G. Meyers, R. Vance Hall, and Rodney Copeland

Abstract

A description is provided of a model to teach parents and teachers behavior management techniques with scientific accuracy. Sample studies are provided to illustrate the techniques described in the model.

Joe Meyers
Area Education Agency 11
1932 S.W. Third
Ankeny, IA 50021

January, 1978

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INTRODUCTION

Current trends in the field of education have demanded new approaches to change many traditional educational methods. Accountability and mainstreaming have been two words that parents and educators have increasingly been discussing especially regarding services to the mentally retarded. In a publication by Cook (1972) the merits of special class placement were investigated. Cook obtained from the ERIC system and other sources, studies that indicated that high level mentally retarded children (IQ 70+) benefited academically in the regular classroom. Similar results were also noted in the social adjustment of these children. The implication of these results demonstrate that programs for the mentally retarded need to be closely investigated beyond current evaluation procedures.

The authors in recent years have investigated the use of newer techniques of programming that may have an impact on retarded children both in special education and regular classrooms. The composite of these techniques is being called Responsive Teaching. This approach is presently being used to train parents and teachers to use scientific research techniques comparable to those used in laboratory settings. This paper is not intended to discredit special class placement for retarded children, but to outline successful methods presently being used to improve academic and social behavior of these children in both regular and special classes.

OBSERVATION AND MEASUREMENT OF BEHAVIOR

The Responsive Teaching Model revolves around a newer approach of observing and measuring behavior. Pavlov, Skinner and other researchers looked at behavior closely with sophisticated machinery in order to observe and record behavior. The research that was made by these men depended on

very precise observation and measurement of behavior. Obviously, the automatic recording devices used by Skinner and Pavlov are not accessible for research in the home or the classroom. Also, expense and the unavailability of these devices would discourage interested parents and teachers from attempting this type of research. However, methods have been developed outside the laboratory which allow sophisticated research to be carried out in both home and school settings.

In the past decade, Sidney Bijou, Florence Harris, Don Baer, Montrose Wolf and their colleagues developed interval recording procedures to measure behavior. Their efforts made it possible to observe behavior and carry out research with pre-school children (e.g. Harris, Baer, and Wolf, 1968). This research was followed by studies in school and home settings by Hall, Lund, and Jackson (1968) and Thomas, Becker, and Armstrong (1968) which involved outside observers using interval recording procedures. These studies were limited to a certain degree due to the fact that they required trained outside observers who were also skilled researchers. With this dilemma in mind, techniques had to be developed so that parents and teachers could also observe and measure behavior with sophistication of trained researchers.

RECORDING BEHAVIOR BY PARENTS, TEACHERS AND PUPILS

Recently procedures have been developed for use by parents and teachers. These measurement procedures have made it possible for parents, teachers and even students to observe and record behavior scientifically without the expense of automatic recording devices or the outside observers used by earlier researchers in the field.

One such measurement procedure and one that in some forms has actually been used by teachers and parents for centuries is called the Direct Measurement of Permanent Products. Parents and teachers have used this recording procedure by keeping a count of the number of correct spelling words on a test, the number of correct math problems on daily quizzes, the number of clothing items picked up from a bedroom floor, etc. In all of these examples, a permanent product resulting from a child's behavior has been observed and recorded.

Frequency Counting or Event Recording is also a valuable technique for observing behavior. An experimental study involving problems with parent-children interactions in the home successfully employed an event recording procedure with considerable high reliability (Hawkins, Peterson, Schweid and Bijou, 1966). Thus, a parent or teacher can count such behavior as arguments, fights, attendance, talk outs, etc. by simply recording the event with a pencil and paper or by employing a simple wrist counter.

Time Sampling is another measurement technique for observing behavior. In this recording procedure, the subject is observed at fixed intervals of time to determine whether the behavior being measured occurred or not. The level of the behavior can then be determined by dividing the number of times the behavior occurs by the number of observations.

Duration, another method of recording behavior, is often used to measure the length of time the subject engages in a specific behavior. Sample behaviors such as thumb sucking, daydreaming, or practicing throwing a baseball have often been measured employing a duration recording procedure. Standard wall clocks, wrist watches and stop watches can be used to measure the duration of these behaviors.

Joe Meyers

APPLIED BEHAVIOR ANALYSIS RESEARCH DESIGN: A NEW APPROACH

Traditional approaches in analyzing behavior such as described by Campbell and Stanley (1970) have often been difficult or impossible for parents and teachers to use. In addition they have often left many questions unanswered, questions parents and teachers ask themselves daily. First, it was often difficult to find two populations that were alike without ignoring individual differences. The researcher never really knew if the two populations were truly equal or whether the experimental conditions caused any real change in the behavior being measured. Secondly, teachers and parents were more concerned about students with individual learning problems and not groups. Using group data it was very difficult to determine scientifically if intervention procedures were truly effective with individual children.

Recently, however, two basic designs have been developed which have provided useful and scientific ways to demonstrate casual relationships between experimental procedures and their effects on behaviors being observed and measured. These two scientific verification procedures called "reversal" and "multiple baseline" designs were delineated by Baer, Wolf, and Risley (1968). One main characteristic of these two designs is that both involve repeated measures of the behavior of concern. First the behavior must be scientifically defined and then measured over a period of time (hours, days or weeks) in order to find the pre-experimental or baseline level of the behavior. Thus, experimental procedures can then be implemented to scientifically analyze changes in the target behavior being observed. For a more complete presentation of these research designs, the reader is referred to Hall (1971).

The baseline and experimental records are usually graphed on conventional graph paper. The main purpose for this simple graphing procedure is to clearly represent the data so that people can easily interpret the results.

IMPLEMENTING THE RESPONSIVE TEACHING MODEL

Hall and Copeland (1971) described the five basic operations which are used when implementing the Responsive Teaching Program. They are as follows:

1. Social or academic behavior is scientifically defined and measured. Recording of the target behavior is made by teachers, parents and others while following their normal daily schedule.
2. Charting is presented on simple graph paper so that a large population will be able to understand the data.
3. Learning theory principles are employed to modify the behavior being measured, which involves using natural reinforcers found in the classroom.
4. Applied behavior analysis research designs are employed to scientifically analyze treatment procedures used by parents and teachers.
5. Mutually reinforcing interactions among parents, teachers and students are developed so that behavior can be dealt with most effectively.

Thus, The Responsive Teaching Model has provided immediate accountability of research without waiting many years to prove procedures developed in clinical settings. This model is helping to accomplish a long needed revolution by providing a means to effectively measure and record behavior scientifically by parents, teachers and others. Since these people can now effectively measure

whether or not a certain experimental procedure is effective and since the research is carried out in natural settings, research findings regarding procedures used are immediately available and do not need translation and replication outside a laboratory or other carefully controlled setting. Furthermore since the research is carried out by parents and teachers dealing with real problems it should prove of interest and use to other parents and teachers faced with similar problems.

RESPONSIVE TEACHING STUDIES

The following studies were carried out by persons enrolled in the Responsive Teaching course at the University of Kansas Medical Center. These studies are just a sample of the many studies that have utilized the Responsive Teaching Model in modifying both academic and social behavior of retarded subjects.

Study # 1: Increasing the Production Rates of Four Young Retarded Students in a School Simulated Workshop Activity.

When retarded students are placed in sheltered workshops, the one main objective is to increase the production rates of these students in preparation for future vocational placement. This study is a report on how a public school classroom teacher manipulated the learning environment to improve work skills of students diagnosed as mentally retarded. The behavior of concern was production rates since the students appeared to be working at a slower rate than what might be expected in a sheltered workshop. This study analyzed the effects of techniques designed to increase the production rates of these retarded students.

Subjects and Setting

The four students in this study had been diagnosed as mentally retarded and were enrolled in a special education school in the State of Kansas. Their chronological ages ranged from 9 to 12 years. All work was performed in the classroom in individual study carrels. The room was well lighted and comfortable. Each student had his own supply of work materials that were placed in small circular butter dishes.

Observation

The four students were required to follow the following steps to adequately complete the target behavior which was to assemble nuts and bolts:

1. Place one washer on a 2½ inch bolt.
2. Screw one nut on the bolt until it has been secured the entire length of the thread (thread length was ½ inch).
3. Place the finished product into a circular butter dish in front of the student.

The Direct Measurement of a Permanent Product technique was employed by the teacher. Pencil and paper tally was used to record the data.

Students were allowed to work for five minutes on the target behaviors without interruption. Another classroom teacher made independent simultaneous observations in every phase of the study. There was a 100% agreement between records of the experimenter and the outside observer.

Experimental Procedure Results

Baseline$_1$: For six days, the examiner recorded the operant level (baseline) of the four students. It was found that these students had an average of 10.8 completed work tasks. (See Fig. 1).

Fig. 1 goes about here

Contingent Snacks$_1$: During the next seven days, the teacher made edibles (candy, cookies and pop) available for increased production rates over the previous day. Students were measured individually and were told by the teacher when their production rates had improved. Under these conditions, their production rate improved to a mean of 19.3 tasks completed per 5 minute session and was trending upward.

Baseline$_2$: During Baseline$_2$, the teacher told the four students that the edibles they received in the past for improved work performance were no longer available. During this four day baseline period, their production rates decreased to a mean of 17.4 and were trending downward.

Contingent Snacks$_2$: When the teacher reinstated the snacks for improved work performance, the downward trend was reversed and a mean rate of 22.3 completed work tasks was recorded during this second contingent snack phase.

Discussion

The primary objective of this study was to increase the workshop production rates of four retarded students. There can be little doubt that their production rates did, in fact, increase.

According to the teacher during Baseline Phase $_1$ and $_2$, a number of inappropriate behaviors were observed. These behaviors included talking, walking around the study carrels, hitting other students, dropping work materials on the floor and yelling at the teacher during the observation session. Thus, this study demonstrated that work production in the class was improved through a positive reinforcement system, and a beneficial side effect of this approach was the disappearance of many inappropriate behaviors.

Study # 2: Decreasing the Number of Talk Outs in a Language Development Classroom

Classroom talk outs have often been a problem for teachers (Hall, Fox, Willard, Goldsmith, Emerson, Owen, Davis and Porcia, 1971). This study presents how a teacher decreased talking out during language development lessons without making any major adjustments to the normal routine.

Subject and Setting

Tommy was an eight-year-old boy enrolled in a semi-private school for the retarded in the State of Kansas. Tommy attended a language development classroom with nine other students for forty minutes every day. During the forty minute class session Tommy talked out so much that he often totally disrupted the learning situation.

Observation

The teacher observed Tommy daily for a thirty-five minute period. An event recording procedure was used to measure the number of talk outs which were tallied by pressing a lever on a standard wrist counter. Talk outs were defined as inappropriate verbalizations not related to the topic being discussed. Interruptions by Tommy were also considered talk outs. Agreement between the records of the teacher and the outside observer was found to be 87%.

Experimental Procedure and Results

Baseline$_1$: For four days, the teacher recorded the number of Tommy's talk outs. As can be seen in Fig. 2, the number of talk outs ranged from 14 to 21 with a mean of 17.

Fig. 2 goes about here

Ignored Praise: At the end of the baseline phase, Tommy's talk outs were ignored and he received verbal praise when he was properly attending. During this period, Tommy's talk outs ranged from 4 to 21 with a mean of 15. On the eleventh day, the teacher felt that this experimental procedure was not powerful enough to change Tommy's talk out behavior; thus, a token system of reinforcement was introduced.

Tokens and Praise$_1$: The first day that tokens were introduced, the entire class was told that they would receive a colored chip when they raised their hands before responding to the teacher. For every five color chips earned, they would get one piece of candy at the end of the lesson. In the first day of this phase, Tommy's talk outs decreased to 8 and by the 10th day had decreased to one. The mean rate of talk outs during this phase was 2.8.

Baseline$_2$: A three day reversal was introduced with all tokens and verbal reinforcement being withdrawn. Tommy's talk outs ranged from 15 to 17 with a mean rate of 16.

Token and Praise$_2$: When the teacher reinstated the tokens and verbal praise, Tommy's talk outs decreased to a mean of 1.9.

Post Checks: Five post checks were taken every third day after continuous observation was discontinued. It was found that Tommy's talk outs were being maintained at a low level.

Discussion

This study demonstrated that a simple token procedure could be designed by a classroom teacher to change a very disruptive behavior. The reversal research design used in this study demonstrated how any teacher could scientifically represent to parents and administrators how her teaching techniques accounted for the change in Tommy's behavior.

Study # 3: Sticker Booklets Used as Token Reinforcement in Increasing Attending Behavior of A Special Education Classroom.

The purpose of this study was to increase the attending behavior in a special education classroom through the application of a token reinforcement procedure. The target behavior of attending was chosen for several reasons. First, the experimenter hoped that by concentrating on this positive and desirable behavior, other less desirable behaviors would have less of an opportunity to manifest themselves. A second reason was the difficulty of defining the many varied kinds of disruptive behaviors. The importance of attending behavior in creating an optimal learning environment is obvious.

Subject and Setting

A class of 12 high level retarded students between the ages of 10 to 13 constituted the subjects of this study. The subjects all live in an upper middle class residential community outside Kansas City. The classroom was well-equipped with educational materials to meet the needs of every student.

Observation

Four to five times every morning the teacher counted the number of pupils attending appropriately and the number of pupils present in the classroom. The number attending was divided by the number present to obtain the percent attending. These observations were at the same time every morning. (A placheck recording procedure was used by the teacher to record the percent of students who were attending). An individual record was also kept on each student to record their daily attending performance. Attending behavior was defined as any activity contributing towards the completion of the morning independent work exercise and any activity appropriate to and not distracting

from the oral language activity. A cooperating teacher participated in making a simultaneous record of students attending behavior on two occasions. Agreement was 100% during both reliability checks.

Experimental Procedure and Results

Baseline$_1$: A baseline record was made for three days to measure the operant level of attending behavior. The mean percent of attending behavior was 48%.

Fig. 3 goes about here

Sticker Booklet$_1$: At the end of the baseline period, the teacher informed the students that they would receive stickers they could stick in individual record booklets if they were attending appropriately. They were also told that they would not know when this would occur. A variety of reinforcers (candy, cola, dime-store game) with different sticker values were used as back-up reinforcers. The overall mean percent of class attending during this experimental phase was 94%.

Baseline$_2$: On the ninth day, the teacher withdrew the stickers for appropriate attending behavior. She explained to the class that the supply of stickers had run out but that she would buy some that night so that sticker earning could be reinstated at a later date. The percent of class attending decreased in this phase to a mean of 67%.

Stocker Booklet$_2$: On the tenth day, the experimenter reinstated the stickers for attending behavior. The mean percent for this four day experimental phase increased to 91%.

Discussion

This study demonstrated how a token reinforcement system could easily effectively be incorporated into a special education classroom to increase attending behavior. Causality was demonstrated through the use of a reversal design. It was observed that only one out of the three back-up reinforcers was effective. Cola was by far the most sought after back-up. Penny candy and the dime store game were virtually ignored by everyone in the classroom. This experience demonstrated to the teacher that contingencies one supposes are reinforcing may not be at all. The teacher also suggested that in designing programs to modify pupil behavior perhaps students should be asked to suggest appropriate reinforcers. It would seem that this technique should be more successful since students would be working for reinforcers that they themselves have set up (Lovitt and Curtis, 1969).

Study # 4: Effects of a Token Reinforcement System on Tardiness Behavior of Three Sheltered Workshop Clients

In order to prepare the retarded individual for the world of work, clients with disabilities limiting their employment possibilities are referred to Jewish Vocational Service in Kansas City for a work adjustment evaluation. The goal is to facilitate the client's development in such a way that he might be placed outside the sheltered setting as a gainfully employed citizen. Placement procedures cannot begin unless the individual has demonstrated those behaviors required of a working person. One such behavior is to arrive at the job site on time and ready to work. This study sought to modify the tardiness behavior of three clients which prevented recommendation for employment by the placement staff. If the clients learned to be punctual, they would be able to begin the job search with the placement staff assisting.

Subjects and Setting

Three Jewish Vocational Service sheltered workshop clients were selected as subjects as they had the highest tardiness rate of the 30 clients in the 30-day program. Subject #1 was a 24-year-old man with above average intelligence (WAIS - 115 IQ). Subject #2 was a 24-year-old mentally retarded man with a Full Scale IQ of 75. This subject had no previous work history. Subject #3 was a 34-year-old mentally retarded mother (WAIS - 70 IQ) with five children. She had a history of frequent psychiatric hospitalization since 1957 and had no work history.

The Jewish Vocational Service is located in downtown Kansas City, Missouri. There are approximately thirty rehabilitation clients in the workshop at any one time. Each client remains there only as long as it is felt he is still benefiting by learning some appropriate work behavior.

Observation

Tardiness was defined as not having punched in on the workshop time clock when the 8:00 A.M. bell rang. The punch-in-time was recorded mechanically by the time clock on the workshop record sheet. The counselor and the workshop evaluation made simultaneous and independent daily checks of the punch-in-time. Thus, reliability checks were made on a daily basis throughout the study. Reliability was found to be 100%.

Experimental Procedures and Results

Baseline$_1$: Baseline records were made on the number of times the three subjects were tardy. As can be seen in Fig. 4, Subject #1 was tardy 90% of the time, Subject #2 was tardy 86.6% of the time and Subject #3 was tardy 57.8% of the time.

Fig. 4 goes about here

Token$_1$: At the end of the 10-day baseline the counselor informed Subject #1 that since the goal was for him to be recommended for placement he would now be on a point system whereby he would earn 100 points each time he had checked in the workshop time clock by 8:00 A.M. If he entered after 8:00 A.M., he would earn 0 points for that day. When he had earned 1,000 points, the staff would recommend him for placement. He was also told he would be given a tally card daily upon timing in. This card would state the number of points earned. After the 15th day the same contingency was instituted for Subject #2, and following the 19th day the same for Subject #3. This procedure constituted a multi-baseline research design. Under these conditions punctuality increased for all three clients. Subject #1 was tardy 16.7%, Subject #2 and Subject #3 were tardy 0% of the time.

Baseline$_2$: A reversal procedure was introduced to further demonstrate the effectiveness of the tokens. Subjects #2 and #3 were affected by this procedure with a return of being frequently tardy. Subject #1 did not appear to be affected by this reversal.

Token$_2$: Tokens were reinstated on all three subjects. As demonstrated in Fig. 4, Subjects #1, #2 and #3 consistently punched in before the 8 o'clock bell.

Post Checks: Weekly contracts with each client's new employer enabled the experimenter to obtain periodic post checks throughout the week immediately following each of the clients placement on a job. These checks indicated all three clients had maintained perfect attendance records.

Discussion

This study illustrated the effects of a token reinforcement system in encouraging clients to arrive ready to work on time. It appeared that the

daily presentation of the card was reinforcing to the two retarded clients. For them long range planning or setting abstract future goals had been relatively ineffective. The fact that the behavior returned to baseline conditions during the reversal in two cases showed that the behavior of being prompt was emitted as a result of reinforcement, not just because of their being made aware of their tardy behavior. In the case of the non-retarded client it is possible that bringing tardiness to his attention was all that was necessary to eliminate tardiness since the reversal procedure did not result in a return of tardiness.

Summary

The Responsive Teaching Model has demonstrated that scientific techniques can be implemented in measuring academic and social behavior. Teachers and parents who use these methods can be held accountable to themselves and others that what they are doing is actually changing behavior on a sophisticated level of research. The studies presented in this paper have illustrated how a wide range of behavior can be changed using scientific observation and recording procedures previously found only in laboratory settings.

REFERENCES

Baer, D. M., Wolf, M. M. and Risley, T. R. Some current dimensions of applied behavior analysis. Journal of Applied Behavioral Analysis, 1968, 1, 91-97.

Campbell, D. T., Stanley, J. C. Experimental and Quasi-Experimental Design for Research, Chicago: Rand McNally and Company, 1970.

Cooks, J. J. Accountability in special education. Focus on Exceptional Children, 1972, 3, 5-6.

Hall, R. V. and Copeland, R. "The responsive teaching model: A first step in shaping school personnel as behavior modification specialists." A paper presented at the Third Banff International Conference on Behavior Modification, April, 1971.

Hall, R. V., Fox, R., Willard, D., Goldsmith, L., Emerson, M., Owen, M., Davis, R., and Procia, E. The teacher as observer and experimenter in the modification of disputing and talking out behavior. Journal of Applied Behavior Analysis, 1971, 4, 141-149.

Hall, R. V. Managing Behavior Series. Booklet No. 2, H & H Enterprises, 1971.

Hall, R. V., Lund, D. and Jackson, D. Effects of teacher attention on study behavior. Journal of Applied Behavior Analysis, 1968, 1, 1-12.

Harris, F. R., Wolf, M. M. and Baer, D. M. Effects of adult social reinforcement on child behavior. Young Children, October, 1964, Vol. xx, No. 1.

Hawkins, R. P., Peterson, R. F., Schweid, Edda, and Bijou, S. A. Behavior therapy in the home: Amelioration of problem parent-child relations with the parent in a therapeutic role. Journal of Experimental Child Psychology, 1966, 4, 99-107.

Lovitt, T. C., Curtiss, K. A. Academic response rate as a function of teacher and self-imposed contingencies. Journal of Applied Behavior Analysis, 1969, 1, 49-53.

Thomas, D. R., Becker, W. C. and Armstrong, M. Production and elimination of disruptive classroom behavior by systematically varying teacher's behavior. Journal of Applied Behavior Analysis, 1968, 1, 35-45.

FIGURE CAPTIONS

Fig. 1. A record of the number of completed workshop tasks for four mentally retarded students. $Baseline_1$: pre-experimental phase $Experimental_1$: teacher provided treats for improvement over previous session. $Baseline_2$: treats withdrawn. $Experimental_2$: teacher reinstated treats for improvement over previous session.

Fig. 2. A record of the number talk-outs during a 35 minute session by a 8 year old mentally retarded student. $Baseline_1$: pre-experimental phase Ignore: student's talk-outs ignored by teacher. Tokens and $Praise_1$: tokens delivered with verbal praise when student raised his hand before responding to teacher. $Baseline_2$: tokens with praise withdrawn. Tokens and $Praise_2$: reinstatement of tokens with praise. Post Checks: periodic evaluation of student's progress.

Fig. 3. A record of the number of students attending during 13 morning sessions of class. $Baseline_1$: pre-experimental phase. Sticker $Booklets_1$: students received sticker to be recorded in recorded booklets when attending appropriately. Baseline2: withdrawal of stickers. Sticker $Booklet_2$: Stickers reinstated for appropriate attending behavior.

Fig. 4. A cumulative record of the number of tardies by three sheltered workshop clients. $Baseline_1$: pre-experimental phase. $Tokens_1$: 100 points delivered when clients were on time for job. $Baseline_2$: withdraw of tokens. $Tokens_2$: reinstatement of tokens for being on time. Post Checks: weekly evaluation of client's tardies.

COUNSELING WITH THE SUICIDAL STUDENT

O. Ray Dodson, Ph.D.
Loess Hills Area Education Agency
204 West Seventh Street
Atlantic, Iowa 50022

ABSTRACT:

It is the intent of this paper to present the counseling of one adolescent student who exhibited suicidal tendencies.

January, 1978

O. Ray Dodson, Ph.D.

COUNSELING WITH THE SUICIDAL STUDENT

Introduction

When a suicide occurs it seems that everyone hears about it. Often it is forgotten, though, as it is considered an isolated event. However, most people don't appear to be aware that suicidal behavior among young people is on the increase. In the last five years suicides have risen from fifth to second place with accidents still being in first place for the cause of deaths among young people. This paper is intended to show the counseling used with one selected case involving suicidal tendencies and the results obtained.

Method

Mary Smith (not her real name) was a 16 year old high school sophomore. She was referred by the school nurse, because she had confided with her about thoughts of committing suicide, and she had ruled the Mental Health Center out as a source of help. At the first meeting with me Mary made it clear that she didn't want her parents to know the content of our discussions. She did agree to my obtaining parental permission for the counseling if they would agree with no reasons given. The parents agreed to this arrangement; however, it was understood with Mary that one of our objectives would be to involve her parents at some future mutually agreed upon date.

I soon learned that prior to my meeting with Mary she had been interrupted on a number of occasions in "suicide attempts"; they usually consisted of her holding a knife to her wrists. Furthermore, I learned that she had discussed her suicidal attempts or thoughts

with a number of people, with the result being she had seriously scared them.

The initial counseling sessions were used to identify the various psychological needs of individuals and how well Mary was meeting them. Two strong needs seemed to stand out the most; one was a need to belong and be a member of a group; and the other was a need for recognition. Because of Mary's deep religious beliefs and high moral standards, she often did not participate in school related activities or functions. On the few occasions she did participate she generally ended up at a drinking party and then later was involved in promiscuous behavior. This really bothered her. Also, Mary was not in the upper ranks of her class while her older brother was; this too seemed to bother her. As to why she didn't do better in school, she blamed her parents for a variety of reasons.

Progress appeared to be made over the next two months in dealing with the above needs of a self concept nature. There were some ups and downs in her emotional stability because of school pressure such as final exams, etc., but the year was ended on a positive note. Mary was told that I could be consulted over the summer if the need arose, so we met for one time in June. In the Fall, the year started off well. However, shortly after school started, one of Mary's friends committed suicide within a few days after confiding in her that he had a lot to live for. When Mary learned of this at school, she ran out into the parking lot and then became motionless like she was in a catatonic state. I was called to come at this point. After trying unsuccessfully to communicate with Mary, I called the family to inform them of the

situation and the fact I wanted her hospitalized. They agreed, so the family physician had her admitted to the hospital. At this point I was asked if I wanted the involvement of a psychiatrist on the case and I agreed. Mary was held for observation for four days during which time the psychiatrist and I met with her. Because the family spent a lot of time at the hospital, I was able to hold sessions with them as a unit and we were able to clear up some relationships between family members.

Following the hospitalization it appeared that Mary was doing fine. However, I soon started getting phone calls from people whom Mary had approached and once again expressed feelings of suicide. Using a non-directive approach in discussing the situation with Mary, I appeared to be getting nowhere. So, after some time I elected to use confrontation with her. I explained how I felt she had legitimate needs, but she was using her talk of suicide to get attention from her friends and this could be an abuse of the friendship relationship. I also said I was going to discuss it with her parents. She agreed to my meeting with them, but she refused to be a part of the discussion, as she stated she thought I had reached the wrong conclusions. Later, I learned that during this same week the psychiatrist told her that if she persisted with telling friends about her thoughts of committing suicide he would have her committed to the Mental Health Institute at Clarinda.

Following this Mary asked me if she could discontinue our counseling sessions, as she felt there would be no further instances of her scaring her friends, as she had done in the past. I agreed to discontinuing the counseling until such time as we could evaluate how things were going. Also, she stopped seeing the

psychiatrist at the same time.

Results

I have seen Mary on a few occasions in the two months since the confrontation occurred. On each occasion she indicated she was happy and there were no problems. Also I have received no phone calls from concerned individuals. One time I was approached by the guidance counselor who wanted to express his opinion that the problem was pretty well resolved. Also, her parents have indicated things are running smoothly. Finally, I recently received a Christmas card from Mary expressing appreciation for what I did.

Discussion

It is not the intent of the foregoing narrative to indicate that this is the correct or only way for dealing with a "suicidal" student. Students or individuals with such tendencies should be handled by school psychologists on an individual basis. While it appears that the confrontation was the real turning point in resolving Mary's use of an inappropriate method in getting her needs met, it is still very possible that she will need further counseling to discuss feelings that she may now be afraid to express as a result of the confrontation being used.

A number of school psychologists have expressed concern to me about our being involved with the suicidal student at all. Certainly any school psychologist with such reservations should consider a referral to a more appropriate agency. However, I contend that some of these cases are in our domain, such as the one I've just presented, but it would be advisable to do such counseling in consultation with a colleague.

USING SELF MANAGEMENT TO REDUCE COMPLAINING BEHAVIOR

Michael R. Hansen
Area Education Agency #6
9 Westwood Drive
Marshalltown, Iowa

Abstract

A fourth grade boy who complained frequently in a whiny voice whenever he was given something to do was asked to count the number of times he complained each day. The frequency of this behavior decreased over the two-week baseline to 0. The low frequency of the behavior was maintained by a once a week opportunity to play a game for a half hour.

January, 1978

Michael R. Hansen

USING SELF MANAGEMENT TO REDUCE COMPLAINING BEHAVIOR

Introduction

Self management was shown to be an effective strategy with elementary children during the Iowa School Psychologists Association Workshop given by Kahn and Leibowitz on October 29, 1977. The type of behavior that this writer applied this technique to appeared to be very appropriate because of its highly individual specific nature. A child or adult who complains frequently will usually complain to anyone who will listen to him/her. It appeared to this writer that adults and other children could be taught to ignore this behavior and reinforce more appropriate conversation, but they would be the only ones to benefit. Those who are not taught to ignore complaining and attend to appropriate behavior would still be plagued by the continued complaining. Therefore, it appeared that a more parsimonious strategy would be to teach the boy who was complaining to decrease the behavior himself through self management techniques. This writer had also hoped that there would be some additional benefits from decreasing this behavior such as increasing contacts with peers, thereby increasing the number of friends the boy has.

Method

Billy is a 10 year old boy in the fourth grade who was originally referred last year for possible resource room placement. His third grade teacher had stated at the time of the original referral that he frequently complained when he was given assignments often saying "Do I have to do this?" or "This is too hard" in a whining voice. He would also frequently come to the teacher and complain of insignificant or nonexistent somatic problems. Billy continued to exhibit a high frequency of complaining behavior thoughout the remainder of the third grade even though he was seen several times by this writer in a counseling situation

to talk about these problems. He was brought to this writer's attention at the beginning of this year by his fourth grade teacher. He was still displaying the same high frequency of complaining behavior as he had in the third grade.

The behavior that was dealt with in this study was "complaining" behavior which was defined as making statements in a whining tone of voice or talking about superficial or nonexistent somatic problems. This writer decided to attempt to use self management as an intervention strategy for the problem behavior that Billy was displaying. The procedure followed the four components of self management as presented by Kahn and Liebowitz at the Iowa School Psychologists Association Fall Workshop, 1977. The four components are: self monitoring, self measurement, self mediation, and self maintenance.

Billy was not taught to directly observe his own behavior, self monitoring, in this study since the behavior of concern was defined by this writer and his teacher. He was, however, taught about consequences and behavior (self mediation). It was explained to him that some behaviors produced consequences that we like, such as having people pay attention to us or being our friends, or playing with us. Some behaviors produce consequences which we do not like, such as being reprimanded, punished, or even the loss of friends. The writer went on to explain to Billy, that his complaining behavior probably often resulted in negative consequences, such as being ignored, or losing friends. Billy communicated that he would like to have more friends. It was explained to him that he would probably gain friends if he would decrease his complaining behavior. He was also told that people who complain a lot are not very pleasant to be around and that people avoid these kind of people.

He was told how to count the number of times he complained each day (self measurement) and was given a golf stroke counter which he could wear on his wrist, to do this. He was told how the counter worked and that he should press

the button on it each time he caught himself complaining. He began counting the number of times he complained each day for two weeks which served as the baseline. This writer checked with him at the end of the first week to see how he was doing and to encourage him to continue the following week.

The third week the contingency program was implemented (self maintenance), he could play a game of his choice with this writer for one half hour at the end of the week if he had recorded two or less complaining behaviors during that week. This contingency has been continued up to the present time.

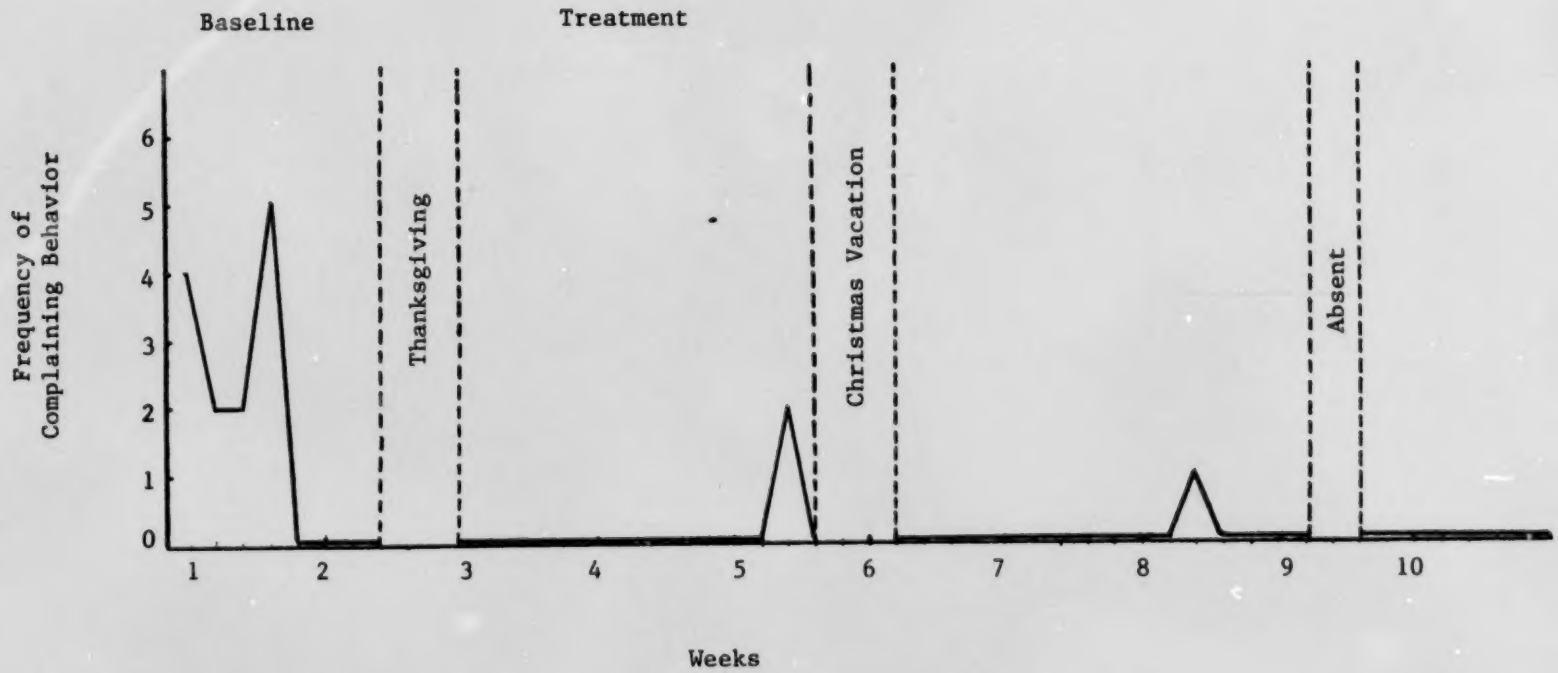
Results

The results are summarized in Table I. Since data collection was initiated just prior to Thanksgiving and through the Christmas holidays, not all the weeks add up to 5 days. During the baseline, the number of complaining behaviors decreased to 0 by the end of the first week and on through the second week. Although the contingency was not in effect during baseline, this writer had talked to Billy about consequences and his behavior prior to having him record his behavior. Therefore, the data indicates that an explanation of consequences and behavior along with a once a week contingency of playing a game for one half hour was effective in reducing the number of complaining behaviors.

Discussion

The self management procedures used in this study were effective in reducing complaining behaviors. There appeared to be several possible reasons for this: (1) The golf counter may have served as a cue for not complaining. (2) Explaining the relationship between consequences and behavior may have caused Billy to want to change his behavior so that he would gain more friends and be less ostracized from the rest of the students. (3) Allowing Billy the opportunity to play a game for one half hour per week may have maintained the low frequency of complaining behavior. An additional factor also appears to be involved, teacher social

TABLE I


Baseline
Treatment
Frequency of Complaining Behavior
0
1
2
3
4
5
6
Thanksgiving
Christmas Vacation
Absent
1
2
3
4
5
6
7
8
9
10
Weeks

reinforcement. After Billy's frequency of complaining behavior decreased to 0, and had remained there for several weeks, both his regular teacher and the resource teacher indicated they were telling Billy how well he was doing. They said that they had been telling him this since the frequency of complaining behavior had decreased.

All of the above factors appeared to play some part in the success of eliminating this problem at some time during the operation. One possible time line of the effect of each of these factors might be that, initially, the novelty of the golf counter made it a very effective cue for reminding Billy not to complain. In addition, it singled Billy out from the rest of the class, giving him special status among his classmates because Billy was the only one in the class to have and be able to wear a golf counter. At the same time that the golf counter was being used, this writer was continuing to explain the relationship between Billy's behavior and its consequences to him. This may have served as an initial source of motivation to make the whole program worthwhile to him. Because Billy had indicated that he felt he had few friends among his classmates, and would like to have more, it was then explained to him that if he could reduce the amount of complaining he did his classmates would probably be more ready to spend time with him and would be willing to have him as a friend. At the end of the baseline, the feedback from the golf counter and explanations of the relationship between consequences and behavior were probably influencing the decrease in Billy's complaining behavior. The introduction of the weekly contingency of game playing may have had the effect of maintaining the low rate of complaining behavior which had begun before the end of the baseline. Simultaneously, Billy's teachers were making positive comments about his improved behaviors. Social reinforcement in the form of positive comments that Billy received probably contributed to the continuing low frequency of his complaining behavior.

There also appeared to be one very favorable side affect occurring from this

procedure, that was not expected. Both Billy's regular classroom teacher and the resource teacher began making a number of positive comments about Billy's behavior. Previously, all comments about him were of a negative nature. So that they viewed him in a completely different light after his complaining behavior decreased and in a sense viewed him as a "different" person. This change in teacher behavior appears to be an indication that their involvement and knowledge of the self management program was very likely one of the main factors for its success.

This writer would recommend that anyone attempting a self management program with an elementary school child, explain the program to the teacher and seek his or her assistance with it. The teacher can be very valuable recording the data at the end of each day for the child. This makes them very aware of how the child is doing and probably keeps the child "honest" since the teacher sees him or her most of the day and will know if the data is accurate or not.

SUCCESSFUL TREATMENT OF SCHOOL PHOBIA IN A 15 YEAR OLD MALE

Robert Kerr
Area Education Agency #6
9 Westwood Drive
Marshalltown, Iowa

Abstract:

A junior high student was referred because of daily crying bouts in classes and frequent visits to the nurses office. These problems were related to attempts to get out of school, and at various times, these problems lead to early dismissal. Successful treatment involved combined effort between parents and the school. Complete elimination of problem occurred within one week of the start of therapy; there was neither any return of the symptoms nor any substitution of other symptoms during the first year following.

January, 1978

Robert Kerr

SUCCESSFUL TREATMENT OF SCHOOL PHOBIA IN A 15 YEAR OLD MALE

Introduction

A 13 year old male (John) was referred during the second week of school because of problems concerning his complaints of stomachaches, headaches, leg aches, and etc., which he was using to avoid going to classes. Prior to the time of the referral, he had been seen numerous times crying in the halls, and at times had been so overwrought, he had to be sent home. According to the school personnel, he was very uncommunicative about what was bothering him. The youngster was, at the time of the referral, attending a large public junior high school in a medium sized central Iowa community, and was in regular class placement. Medically, John had no ailments except for a congenital heart condition which caused him great concern due to the fact that his father had recently (during the previous summer) suffered a massive heart attack. John's own heart ailment was determined by a specialist to be of no consequence in his educational endeavor. John did share a great amount of concern for his father's health and was worried that he might suffer the same fate as his father.

Consultation with John's grade school teachers indicated that no previous history of school phobia or any of the other behaviors which he was exhibiting at the time of the referral. An additional factor which probably played a big part in John's dislike for his junior high school was that his family resided on the borderline for the district and all of his grade school friends who lived on the other side of the border had been sent to a different junior high school.

According to McDonald and Sheperd (1976), 10 basic criterion can be used to distinguish his school phobia. At the time of the referral, John showed signs of 8 of the 10 symptoms. Suggestions for dealing with the problem

T12

(Madsen and Madsen, 1974) were given to both the parents to ensure their complete understanding of the suggestions. This was done to provide complete consistency between the home environment and the school environment.

Method

The basic problem which lead to the referral was that John spent most of his time at school concentrating on getting to go home. This was accomplished by crying in the halls, in the classroom, lunchroom, etc., or making frequent visits to the nurse's office complaining of various physical ailments. Persistence on John's part, lead to a minimum of indirect attention for his problems from a rather sympathetic school nurse, or after a particularly bad crying bout, his dismissal from school for the day. As time passed, prior to the involvement of this psychologist in the case, John's behavior deteriorated to the point that he would not enter the building in the morning when he was left at the grounds by his parents. Instead he hid behind a large tree in front of the main door of the building, and two of his friends carried his books and wallet into the school office and announced to the principal that John was "at it again". The principal's attempts at coaxing John into the building were usually fruitless since the principal was basically paying attention to John's "not coming into the building" and this tended to make the situation worse.

Other problems which occurred less frequently included John's physical resistance of his parents attempts to get him dressed and transported to the school grounds. This resistance ranged from minor and short duration verbal refusal to all out physical resistance including running away and physical aggression toward his father.

Description of Specific Treatment

As indicated by Kennedy (cited in Madsen and Madsen, 1974), inappropriate

behavior of recent duration with an acute onset is best handled immediately. Therefore, as soon as this matter came to the attention of the psychologist, a meeting was called with the boy's parents. At that meeting, it was recommended that 1) any talk initiated by John concerning his physical ailments should be ignored by both parents, 2) no discussion of John's attendance at the junior high school should take place over a weekend, 3) if at all possible, the father should take the child to school in the morning, and 4) any talk by the parents about John's attending school should be of a positive nature.

Suggestions to the school personnel were aimed at insuring that John found no way of avoiding school once he arrived at the school grounds. These suggestions included: 1) the use of the morning grounds duty teacher as a "sponsor" for John to assist him into the building through the use of whatever means became necessary, 2) the statement that John's attendance in every class regardless of crying, complaining, etc., was extremely important (Therefore, it was requested that if he convinced anyone that he must see the school nurse, that the nurse make a visit to the classroom rather than John making a visit to her office. It was requested that nothing short of an extremely serious illness be allowed to keep John out of the regular classroom.), 3) a request that no discussions be held with John concerning his ailments, and 4) a warning that the problems would more than likely be more severe after a weekend or a vacation.

Results

Almost immediately after the combined efforts of the parents and the school were initiated, a dramatic change in John's behavior took place. Within one week after the beginning of the combined efforts of the school and parents, John had stopped refusing to get dressed for school, and stopped hiding behind

the tree in front of the school house, and decreased his crying spells to less than one class per day, and was actually seen smiling and conversing with other students and teachers. These improvements were maintained throughout the remainder of the school year with no return of the symptoms until the first week of the following school year when John again made frequent visits to the nurses office with medical complaints. These visits terminated as soon as the nurse told John that she would start making visits to him in the classroom.

An interesting secondary outcome of treatment was that after John became completely successful at attending classes unaided by his "sponsor", he formed something like his own chapter of "SCHOOL PHOBIS ANONYMOUS". This was manifested by catching classmates leaving the nurses office with an excuse for P.E. due to some faked illness and lecturing them on how they did not need to make up ailments to get out of things. He was even heard to say that he "used to do this" and "didn't need to do it any longer" and "neither do you".

The second follow-up 15 months after the beginning of the treatment revealed very regular school attendance, above-average grades, a number of friendships, and active participation in academic as well as nonacademic classes.

Discussion

The successful outcome of this treatment of school phobia is attributed to two factors: 1) consistency between the home and school, and 2) persistence on the part of all persons involved. As an example of that persistence, on three separate occasions, the "sponsor" teacher forcibly extracted John from his family's car after the family members had been unsuccessful in getting him to disembark. On one of those three occasions, the sponsor teacher actually carried John kicking and screaming over his shoulder into the building and all the way to his homeroom.

No untoward outcomes of this persistence were apparent as by the end of the school year, John and his sponsor teacher had become close friends.

The treatment as described above resulted in the successful outcome although no attempt is made to determine either why John was opposed to attending school or what it was about school that John did not like. Had this been done, it would have probably been possible to treat the problem through the use of a desensitization/relaxation procedure. However, such a procedure would have required an extreme amount of time on the part of the psychologist and since services to that building are provided only 2 days a week, it was almost certain that therapy would have entailed several weeks. The present technique, on the other hand, made maximum use of those people having daily contact with John, and required the involvement of the psychologist in only the following ways: 1) a collection of basic facts prior to the start of the treatment, 2) seeking approval from the family physician for the proposed treatment, 3) meeting with the parties involved to dispense pertinent suggestions, and 4) weekly or bi-weekly follow-up (which was often done by phone).

References

Madsen, C.H., and Madsen, C.K. Teaching/Discipline: A positive approach for educational development (2nd ed.). Boston: Allyn and Bacon, 1974.

McDonald, J.E., Sheperd, G. School Phobia: An overview. Journal of School Psychology, 1976, 14 (4), 291-306.

DIAGNOSIS AND SERVICING OF A LEARNING DISABLED CHILD COMPOUNDED BY DELAYED NEUROLOGICAL IMPULSE CONTROL

Wallace E. Gould
Arrowhead Area Education Agency
Greene County Courthouse
Jefferson, Iowa

Abstract

This article describes the diagnosis of neurologically based hyperactivity in a six year old girl and the results of drug therapy in the home, school, and social environment.

January 1978

Wallace E. Gould

DIAGNOSIS AND SERVICING OF A LEARNING DISABLED CHILD COMPOUNDED BY DELAYED NEUROLOGICAL IMPULSE CONTROL

Introduction

Drug therapy for neurologically based hyperactivity has been shown to be effective in controlling such hyperactivity thus allowing for a more meaningful differential diagnosis, more efficient remediation and compensation programs, more normalized classroom performance, and more normalized social relationships.

Methods

Evaluation procedures had evidenced a girl of average intelligence and no personality or emotional disturbances. It was difficult to make an adequate differential diagnosis to point to specific learning disabilities though there were severe speech deficits. It was difficult for the speech clinician to make an adequate differential diagnosis. The girl was very distractable at home and in school. An unstructured play media approach was attempted through the AEA 5 social worker with little effect on her disruptiveness in the classroom.

Specific indications of a neurologically based impulse control deficit appeared primarily on the Bender evaluation. During the execution of the designs observations showed the traditional signs of lack of interior impulse control. The child's pencil appeared to want to continue movements once the impulse was generated, figures tended to get larger within each

design, attention wandered after a few seconds, and control could be briefly extended (size of drawings, distortion) by intensive one-to-one attention.

Referral was made to the local mental health agency for a psychiatric evaluation to support the evaluation team's suspicions of a neurologically based hyperactivity. Diagnosis was confirmed and medication initiated.

Results

Within eight weeks hyperactive behavior was within reasonable limits. Classroom performance had increased dramatically. The social relationships at home had improved dramatically. Adequate differential diagnosis was possible by the psychologist and speech clinician. The LD teacher and speech clinician reported dramatic increases in the efficiency of services in both areas. Post tests using the Bender evidenced greater internal control. Post test using the Digit Span subtest of the WISC-R showed an increase in the scaled score from two to six suggesting greater auditory attention.

Discussion

Although drug therapy in cases of neurologically based hyperactivity is not a "cure" for learning disabilities, its use can reduce disruptive behavior, allow for an adequate differential diagnosis, allow for the development of internal self-control so that external control becomes more efficient, allow for more effective classroom teaching, allow for more effective remediation and compensation services, and for more normalized

social relationships. The elimination or reduction of a deficit in this area is a key that unlocks the efficacy of learning and functioning in all other areas. The child is seen as a person, is treated as such, and begins to act more in line with expectations both academically and socially as well as affectively.

In summary, drug therapy, in circumstances where strong evidence supports a neurologically based hyperactivity or neurological impulse control deficit, can be the key to the success or failure of other services.

REDUCTION OF DISTRACTIBILITY IN A FOURTH GRADE FEMALE THROUGH THE REDUCTION OF CAFFEINE AND NICOTINE INTAKE BY THE MOTHER

Robert Kerr
A.E.A. #6
9 Westwood Drive
Marshalltown, Iowa

Abstract

The 10 year old caucasian female was referred because of her distractible behaviors, both in school and at home. After the mother voluntarily reduced the consumption of cigarettes and coffee to levels more acceptable, the child's distractible behavior was reported to first decrease and later disappear both at school and at home. Secondary benefits are also reported.

January, 1978

Robert Kerr

REDUCTION OF DISTRACTIBILITY IN A FOURTH GRADE FEMALE THROUGH THE REDUCTION OF CAFFEINE AND NICOTINE INTAKE BY THE MOTHER

Introduction

From the first contact made with this child and her mother, it appeared that Mary's problem behaviors in school and at home were a reaction to her mother's inordinate demands for acceptable behavior. The initial strategy was to help the mother understand and accept her role in influencing the child's behavior in positive ways. It soon became obvious that she had extreme resistance to seeing anything positive about her daughter or her daughter's behavior. In looking into reasons for her negative outlook, it was learned that she consumed excessive amounts of coffee.

Since evidence exists that excessive intake of coffee is associated with states of extreme anxiety and irritability (Greden, 1974) and since such a state could cause inconsistencies in the mother-daughter interactions, it was assumed that the first goal should be to reduce the irritability by reducing the intake of caffeine. Mary's mother was surprisingly open to this suggestion and explained that she probably drank most of the coffee without ever being aware of it.

The mother's attempts at reducing smoking were also voluntary and were initiated because she felt it would be easier to cut down on smoking at the same time and she had wanted to do this for some time.

Method

Mary, a caucasian female, of average intelligence, was functioning significantly below grade placement level in several subject areas, particularly math. She was enrolled in the regular classroom program (as well as resource room help) in a small rural Iowa public school. Her distractibility was exhibited at school very sporadically in spite of the fact that the mother claimed she was "hyperactive" all of the time at home. Her mother's complaints about her "hyperactivity"

at home included the following: a) not paying attention when something was being explained to her, b) deliberately baiting and teasing her younger brother, c) not accepting responsibility for her given jobs, d) saying "I know it" whenever she did something she had not listened to the directions for, e) not doing her homework without causing a fight with her parents, f) pouting, g) overall bad table manners, h) not showing respect for other people, particularly her elders, i) being disrespectful when answering questions, and j) an overall need to slow down.

Complaints from the classroom teacher include: a) acting childish or using a childish voice, 2) not paying attention or allowing her attention to drift frequently, and 3) periods of spacing out followed by such attention seeking maneuvers as providing an obviously wrong answer to questions from the teacher.

For purposes of this case study, the term hyperactivity shall include those behaviors usually associated with inattentiveness, distractibility, and impulsivity, rather than too frequent movement.

Mary's problems were seen as being twofold: 1) those which were exhibited at school, and 2) those which were exhibited at home. School problems which Mary was involved with frequently enough to be a reason for the referral were her spacing out, her distractibility, childish mannerism (such as speaking in a voice immature for her age), blurting out incorrect answers to questions asked by the teacher of the class as a whole, and rushing through her work with a result of very poor quality.

Problems in the home apparently included some of the above stated problems at times, but also include one general category of problems simply referred to as failing to meet her mother's expectations (however unreasonable they may have been).

After the initial referral work-up which included observations of Mary in her classroom, and a review of her most current testing to determine her potential, current level of functioning, etc., an interview was scheduled with the mother to gain background information about Mary's prior diagnosis of, and treatment for, hyperactivity by various Mental Health agencies. During that interview, it was disclosed by the mother that "she was near her wit's end and that Mary was making her extremely nervous and irritable." It was also discovered at this time that the mother was accustomed to consuming approximately 4 pots of coffee per day, and smoking upwards of 40 cigarettes per day. This was suspected by this examiner during the first interview due to the number of cigarettes the mother smoked during that time and her frequent requests for a cup of coffee.

Actual treatment of child's disorder through direct intervention in the classroom environment was not attempted. The only direct intervention strategy used was that of teaching the child the "thought stopping" procedure (Rimm and Masters, 1974) because it was assumed that her spacing out spells might be due to her thinking about one or more frequently recurring thoughts. Positive outcomes of this technique were nearly nonexistent due to the subject's minimal cooperation and refusal to apply the technique in the actual classroom situations as reported by her class teacher.

The relevation about the mother's consumption of large amounts of coffee and cigarettes and the concern expressed by the mother that her daughter was not living up to various expectations of the mother indicated that at least part of the problem that the child was experiencing might be due to excessive anxiety on the part of the mother. Since this was quite likely related to excessive consumption of caffeine (Greden, 1974, and Ray, 1972), the actual treatment from the beginning of therapy was to convince the mother to 1) reduce

her consumption of these materials, and 2) simultaneously start looking for positive changes in her daughter's behavior.

Weekly meetings were scheduled between this psychologist and the child's mother for the stated purpose of feedback to this psychologist about the results of the therapy sessions being conducted between this psychologist and the child. However, at each of the meetings between the mother and the psychologist, the mother was required to produce a record of her coffee and cigarette consumption during the previous week, and was also required to share with this psychologist a log of good experiences she had had with the child at home during that same period. Although no actual explanation was made at the beginning of the treatment period about the relationship between the mother's consumption of coffee and cigarettes and the child's success or failure to meet the mothers' expectations, the mother gradually caught on that this was the case. No undesirable outcome resulted from this revelation however, since the mother accepted this as fact and chose to be thankful that she had had a chance to learn this.

Results

Data reported in this section consists both of measures of the mother's perceptions of Mary's problem behaviors (and how they diminished), and measures of the mother's daily intake of coffee and cigarettes. Data concerning the mother's perceptions and Mary's behaviors, were taken from an anecdotical log kept by Mary's mother for that purpose. Cigarette and coffee consumption data was also collected by Mary's mother in the form of a graph.

Mary's mother indicated that during the first week she reduced her consumption to an average of 5 cups per day, and that this was not the particulary difficult for her to do, but resulted in a startling change in her mental attitude. Benefits of the change included "not flying off the handle so much", "having time to talk to Mary and to listen to her", and "feeling really confident

about the relationship between Mary and myself". An additional positive outcome was that Mary's mother reported that she and Mary were enjoying a "real closeness and kinship we've never had before".

Cigarette consumption was reduced from the pre-treatment high of 60 cigarettes per day to an average of 30 cigarettes per day. Such a reduction was reported as being only moderately difficult, but reducing the consumption below 30 cigarettes per day proved to be very taxing, and was never completely accomplished. Mary's mother was taught skills of thought stopping and progressive muscle relaxation by this therapist, and used these skills both in reducing her consumption of coffee and cigarettes, and in dealing with the problems she had had with her daughter. One real advance according to the mother was that of using thought stopping and progressive relaxation exercises to control her emotions. She explained that after learning to use the exercises, she found that she relaxed much more often. She also explained that she had given her daughter "room to be her own person" and not her mother's idea of what she wanted her to be. She indicated that she felt that most of <u>their</u> problems were caused by the <u>mother's</u> demands and Mary's reactions to those demands. She stated that when she became easier to live with, so did Mary. She went on to indicate that her learning and use of the relaxation techniques and thought stopping had resulted in not only a happier child, but a child better off scholastically since her grades improved shortly after the mother started using these techniques. She also indicated that she found it much easier to use the techniques with other people outside of the family, and to use them in situations that involved Mary. She attributed this difference in difficulty to the establishment of habit patterns.

After the initial reduction in consumption of cigarettes and coffee, consumption was maintained at approximately the same level throughout the remainder of the treatment (see Figure 1).

Daily Consumption of Coffee and Cigarettes
by Subject's Mother

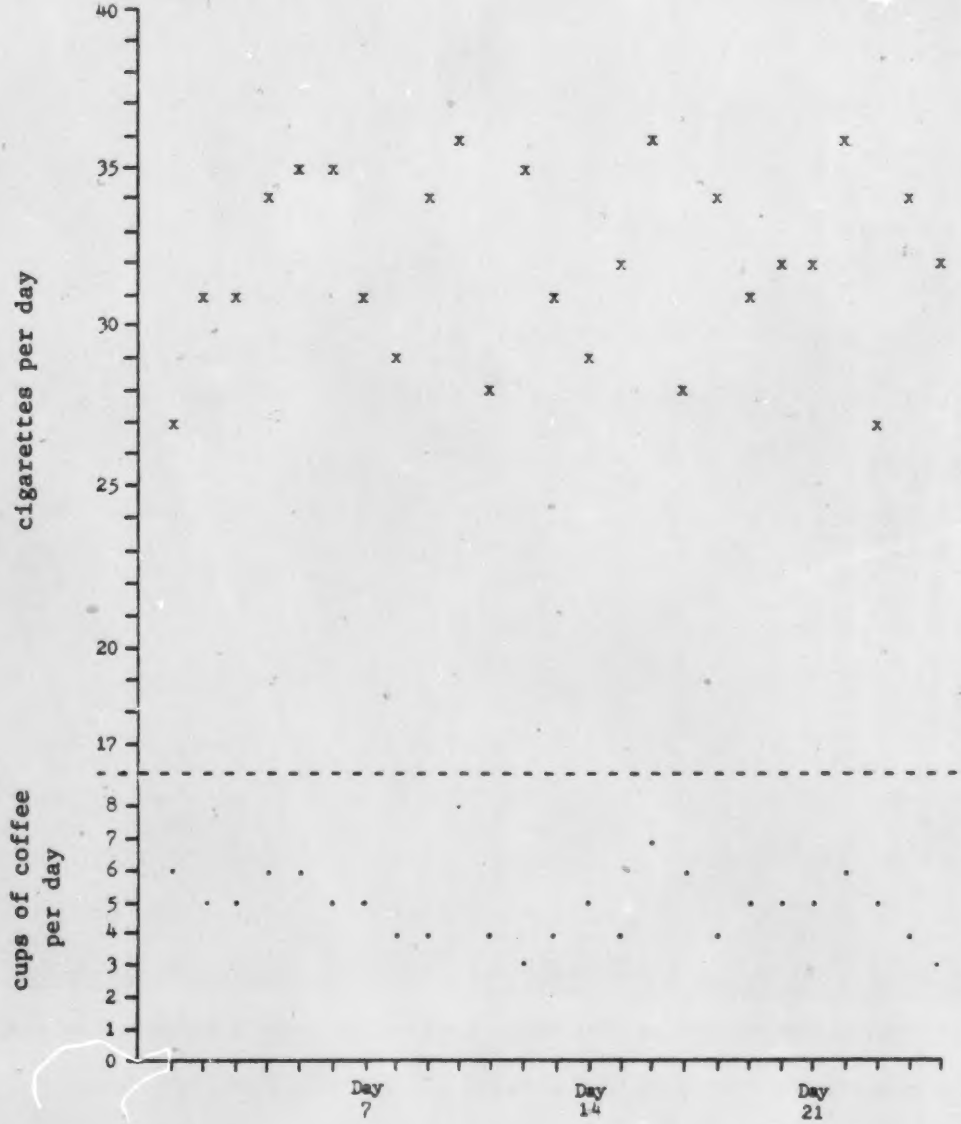


Figure 1

Discussion

Due to the absence of the necessary control procedures, the appropriate pre- and post-treatment behavioral measures, no firm conclusions can be drawn from this case study. These problems do not, however, preclude the possibility of a number of interesting areas of future investigation. One such area which would seem obvious would be that of the specific affects on the behavior of a child when a child's parents momentarily reduce consumption of caffeine to an acceptable level. Since there is evidence of a link between excessive caffeine and anxiety in the subject (Greden, 1974), it is possible that in this study, the mother's voluntary reduction of consumption in caffeine and the resultant improvement in her emotional state (as reported by the mother) may have been related to the child's improvement in attitude and behavior.

It is also possible that such intervening variables as the mother's use of progressive relaxation and thought stopping behavior were totally responsible for her improvement in emotional state and subsequently, for the improvement in the relationship between the mother and daughter. It is the contention of this psychologist that the most reasonable interpretation of these data would be that of a combination of voluntary reduction in consumption of caffeine, progressive muscle relaxation, and thought stopping techniques by the mother had a positive effect on the mother's emotional attitude, and this allowed the mother to realize and deal with her inconsistent and inappropriate demands upon her daughter. This conclusion was viewed as the most feasible by Mary's mother, and would seem like the easiest to defend in the absence of any more specific data.

This type of approach to the problem of improving relations between the parent and child in situations similar to these, may prove to be very effective with other clients. It was certainly an acceptable approach to this psychologist since a large part of the responsibility of her change fell on the mother and child

(as I feel it should be), and the changes in the child's behavior far outweighed the amount of time and direct involvement by the psychologist.

Other important variables in this particular case would include the mother's extremely cooperative attitude, and her above-average ability to comprehend and carry out the self modification (self monitoring) program which was used to reduce coffee and cigarette intake.

References

Denson, R., Nanson, J., and McWatters, M. Hyperkinesis and maternal smoking. Canadian Psychiatric Association Journal, 1975, 20, 183-187.

Greden, J. Anxiety or Caffeinism: A diagnostic dilemma. American Journal of Psychiatry, 1974, 131: 10, 1089-1092.

Ray, O.S. Drugs, Society and Human Behavior. St. Louis: C.V. Mosby Co., 1972.

Rimm, D., and Masters, J. Behavior Therapy: Techniques and Empirical Findings. New York: Academic Press, 1974.

INCREASE IN SCHOOL ATTENDANCE BY USE OF A BEHAVIORAL CONTRACT

Jill A. Langley

Green Valley Area Education Agency

Green Valley Road

Creston, Iowa

Abstract

This article describes the use of a behavioral contract to reinstate regular school attendance of a fifteen year old boy with a history of truancy.

January, 1978

Jill A. Langley

Increase in School Attendance by use of a Behavioral Contract

Introduction

Research studies measuring actual behavioral changes have had difficulty demonstrating that the behavior of persons who received psychodynamically-oriented treatment changed any more than that of comparable individuals who had not undergone such procedures.

For some years now the utilization of behavioral principles and techniques has achieved a growing popularity. Research has shown that the utilization of such procedures has, on occasion, proven to be an effective alternative to the more traditional psychodynamic approaches.

The development of principles and procedures of behavioral change is largely determined by the model of causality to which one subscribes. Many psychologists view the determinants of behavior as residing not within the individual organism but rather, in environmental forces; and that by manipulating certain of these environmental forces a positive change in behavior may be brought about in the individual. A behavioral contract is one method which may bring about this positive change in behavior.

Method

The subject was a 15-year old Junior High School student who had been referred to the Green Valley Area Education Agency by the Department of Social Services for a complete evaluation. Prior to the time that Mike (not his real name) came to the attention of the school psychologist, he had spent a year (August, 1976--August, 1977), at the Jerry Rabnier Boys Ranch in Fort Dodge, Iowa.

Along with the testing and evaluation procedures, Mike's teachers were consulted as to their observations of Mike and his classroom performance. Their comments indicated that Mike was not a behavior problem in class, was poorly motivated, often did not come prepared for participation, and was not

present enough to give an adequate statement as to his current functioning level in class. At the time of the staffing in October, 1977, Mike had been absent 22 of 31 days. Several of these were medically excused absences. Recommendations of the staffing included placement in the Resource Teaching Program, a work training site to be arranged by the work experience instructor at the AEA, and a behavioral contract to be drawn up by the school psychologist.

The Contract

Provisions of the contract included that Mike would be responsible for attending scheduled classes between the hours of 8:35-12:00 each regular school day. The work training site was arranged and participation in the program was contingent on school attendance. That is, if Mike was present in school in the morning, he was able to attend the work site in the afternoon. If Mike was not in school, he, along with the school guidance counselor, had the responsibility for notifying the employer that Mike would not be present for work.

It seemed unrealistic to expect an immediate 100% attendance in light of Mike's established history of absences; therefore, within the first 30 days of the contract date Mike was allowed two optional days of absence without penalty. After these, any absences would have to be excused according to school regulations.

The final provision of the contract stated that Mike would have the potential of earning $1.00 per day, $5.00 per week, for fulfillment of both portions of the contract (school attendance, attendance at the work site).

Results

The contract was in effect for approximately six weeks prior to the Christmas vacation. The first week Mike earned $3.00, the second week $5.00, third week $3.00 (maximum allowable), fourth week $5.00, fifth week $1.00. Mike was absent from school from December 12 through Christmas vacation.

Discussion

Although the use of a behavioral contract was effective in reinstating school attendance for a brief period, it had been hoped that the results would have continued for a longer duration.

The school offered little in the way of support to Mike and no follow-through in trying to get him to school when absences occurred. The parents were also ineffective in supporting school attendance. The school psychologist must also take responsibility for the limited success of this project in that time and case load did not permit weekly counseling follow-up which may have helped to maintain Mike in what was for him an undesirable, frustrating situation.

With this type of student, any treatment plan needs the full cooperation, communication and support of all agencies and individuals involved. Unfortunately, with this student that ideal was not realized. At the time of this writing the prognosis for Mike is not a promising one. Although behavioral techniques are effective ways of bringing about positive change, they may in some cases be less successful in isolation than when paired with traditional methods such as counseling.

ELIMINATION OF "HYPERACTIVE" BEHAVIOR IN A FIVE-YEAR OLD KINDERGARTEN STUDENT

Michael H. Palmer
Area Education Agency 11
1932 Southwest Third Street
Ankeny, Iowa 50021

ABSTRACT:

A contingency management approach was used in elimination of hyperactive behavior in a five-year old kindergarden student. The need for behavioral intervention in lieu of or in conjunction with medical treatment is discussed in the treatment of hyperactive behavior.

January, 1978

Michael H. Palmer

ABSTRACT: A contingency management approach was used in elimination of hyperactive behavior in a five-year old kindergarten student. The need for behavioral intervention in lieu of or in conjunction with medical treatment is discussed in the treatment of hyperactive behavior.

INTRODUCTION: The presence of high rate behavioral excesses in children frequently result in the identification of such children as hyperactive. Depending on the severity, (i.e., how much the excess behavior disturbs the child's audience of surrounding adults) such children are frequently referred to medical personnel for evaluation. A frequent medical response is the prescription of ritalin or similar "Paridoxical" medications. The result is that hyperactive behaviors are defined as medical in origin and controlled by uneven cortical development. Parents and teachers are left in the position of doing the best they can to cope with a problem which, with luck, will resolve itself when the child finally "outgrows it."

The present study, a successful attempt to eliminate hyperactive behavior in a five-year old kindergarten student, demonstrates the viability of attempting behavioral intervention technique as a first order strategy, leaving medical referral as a last resort, rather than the converse.

SUBJECT: The subject was a five and one-half year old make kindergarten student in a suburban, predominantly white, public elementary school.

PROBLEM: The subject was referred for psychological services because of an excessive activity level which disrupted classroom functioning. An initial observation during a group seat work activity indicated that a variety of behavioral excesses were present. Initial rates observed in the classroom indicated that he emitted an average of one inappropriate behavior every four seconds as follows:

TABLE I

Behavior	Rate/Minutes	Definition	Average Rate Of Others At His Table
Interrupting teacher	.8	Verbally obtaining teacher's attention including requests for assistance, tattling, initiating conversation, self reports	.10
Other verbalizations	4.4	Any conversation directed toward other children or without an apparent audience	.75
Walking around room	6.5	Leaving seat with or without teacher permission and walking more than three feet from desk	.033
Hanging on bottom of seat	1.5	Grabbing the seat of his chair with his hands and inverting his body more than 90° from vertical	0.
Standing up at table	1.7	Changing from a sitting to a standing position at his table	1.0
Rate of All Inappropriate Behaviors Per Minute	14.9/Minute		2.18/Minute

INTERVENTION: Classroom intervention consisted of instructing the teacher to modify the consequences provided for the above behaviors as follows:

Behavior	Recommended Consequences
Interrupting Teacher	1. Ignore if possible 2. If self report, teacher says, "Go back to work" and avoids eye contact 3. If tattling, teacher says, "No tattling" and physically returns child to seat
Walking around the room and hanging on bottom of seat	1. Ignore 2. Provide verbal praise to another child who is sitting appropriately

The only additional instruction provided to the teacher was to increase the frequency of positive verbal rewards for the child sitting and working; i.e., "catch him being good" with a ratio of 4:1. That is, for every time he emitted an inappropriate behavior for which he was ignored, she was asked to provide four instances of praise.

RESULTS: A second fifteen minute observation was conducted four weeks following the initial observation. Class activity was comparable. A dramatic behavior change was apparent. During the second observation he was never observed to interrupt the teacher, walked around the room only one time - to legitimately throw away some trash, did not hang on the bottom of his seat nor stand up at the work table, and was apparently on task 100% of the time.

METHOD: Following the success of the school program, the parent was interviewed to determine what behaviors were presenting concern in the home. The interview indicated that he generally would not sit still, frequently refused to follow commands, and that crying tantrums were frequent.

The following specific targets were selected: 1 - throwing the cat; 2 - fighting with his sister; 3 - jumping from his bureau onto his sister's bed (which frequently resulted in the collapse of the bed and the downstairs neighbor complaining); and 4 - running in the apartment. The following procedures were implemented:

Behavior	Consequence
1. Fighting with sister	1. If over TV-turn off for five minutes and say, "it will stay on if you two can get along."
	2. Time Out* for both children if fighting is occasioned by anything else.
2. Throwing cat	Time Out*
3. Jumping off dresser	Time Out*
4. Running in apartment	Time Out*

*Time Out is defined as taking the child to a chair facing the corner of the living room and holding him firmly in place for five minutes, avoiding eye contact and conversation.

The mother was also instructed not to make threats unless she planned to follow them up, and was given a wrist counter to keep time of the number of verbal commands that she provided each night to her son. She was also instructed to increase verbal, tangible, and edible rewards for appropriate behavior with a 4:1 ratio.

RESULTS: Two weeks following the initial parent conference, the mother reported that she had his behavior well under control; further, her data indicated that her rate of verbal commands was decreasing.

During the first few days, he fought with his sister an average of three times per day, which decreased to zero after the fifth day and had not reoccurred. He only threw the family cat one time during that two week period, which occurred on the first day. All targets had decreased to zero by the end of the first week. Further, the mother reported that she had learned to control many other of his behaviors and that she no longer looked forward to going to work just to get away from him. She was also pleasantly surprised to discover that her son would now spend long periods of time coloring quietly in his room.

As a bonus of the present treatment strategy, the mother reported that her son's behavior was much better at her babysitter's-an untreated situation to which transfer of training apparently occurred.

DISCUSSION: The efficiency of a contingency management approach to eliminating hyperactive behavior was demonstrated by the present case study. The child was initially referred for a school psychology evaluation. The need for perceiving such an evaluation in a broader context than only the use of psychometric instruments is apparent. The success of the present treatment methods indicate that, in this case, the "hyperactive" behavior can be diagnosed as related to attention and inconsistent consequences by teacher and parent. That is, a treatment approach was used diagnostically to determine the functional relationships between behavior and environment.

Further, the logic of making a psychology referral for behavioral intervention prior to or in place of medical intervention was demonstrated. It would seem that a medical referral could be a last resort, to be used only when behavioral intervention has been unsuccessful.

A STUDENT-SCHOOL CONTRACT

Michael P. Juskelis
Heartland Education Agency
1002 Main Street
Adel, Iowa 50003

ABSTRACT:

The psychologist mediated an agreement between a 17-year old male ninth grade student and his school. The contract stated the goals and options for both student and school.

January, 1978

Michael P. Juskelis

A STUDENT-SCHOOL CONTRACT

Abstract

The psychologist mediated an agreement between a 17-year old male ninth grade student and his school. The contract stated the goals and options for both student and school.

Introduction

The school psychologist often is aware of the mental health needs of his schools, but is unable to schedule enough time or does not have enough training in areas like psychotherapy. Yet at times, the psychologist must intervene in a mental health capacity. The problem then is how to be as maximally effective within your limitations of time and training.

This problem presented itself to this school psychologist this year. The high school counselor telephoned the psychologist and asked him to come over and deal with a highly disruptive student. The psychologist went to the school and consulted with the counselor. After testing and an interview, the psychologist thought that the student was a good candidate for counseling, but could not provide those services. Something had to be done because the student was quickly on his way out. The psychologist found out what alternatives were available and possible to arrange. The school and the student each could do something that the other wanted. This situation made it possible to draw up an agreement with which all parties could live. Keeping in mind some of the ideas of DeRisi and Butz (1975), the psychologist wrote an agreement which provided the framework for a new situation which might help both student and school.

Method

Description of Student

The student was a 17 year old male who was placed in the ninth grade. An intelligence test indicated average intelligence. In the past, he had been adjudicated and placed on probation. Prior attempts at psychotherapy included a stay at the Clarinda Mental Health Institute. His father had died recently and the student stated that this was part of his reason for wanting to return to school.

The student had enrolled in the school the previous year but stopped attending after the first day. During the first fifteen days of September, he had been truant five. As the principal saw it, he "just wouldn't come."

When he did come to school the student was a discipline problem. He had been removed from class because he was disrupting it. The counselor related an incident where the student had worn a chain as a belt and said that he was going to use it on anyone who hassled him. The principal saw him as the "most beligerent, dislikeful, uncooperative in the freshman class." As the counselor said, the student was on his way out.

Description of Problem

The school asked the psychologist to arrange for the student's removal from school and treatment of his "emotional" problem. The student stated that he really wanted a high school diploma.

Definition of Terms

Agreement - A statement of an intervention program specifically stating time lines, responsibilities and consequences for all parties involved.

Home Study Plan - Program where the student comes to school once a week to pick up and drop off assignments.

Description of Treatment Strategy

After the psychologist met with the principal and counselor, he met with the student. After administering an intelligence test, the psychologist talked with the student to find out what were the student's expectations. He also gained some insight into what was acceptable and unacceptable to the student. The student suggested a home study program.

The psychologist then met with the principal to ascertain if a home study program was allowable within his school system. The principal said he could clear such a program if certain restrictions were met. The psychologist then drew up an agreement describing the home study plan and other contingencies. The psychologist contacted the local mental health clinic to arrange for counseling. The psychologist then arranged for a meeting with the student, his mother, the principal, the counselor, a representative of the mental health clinic, and the psychologist. The following was put forth for all parties' comments. At the end of the meeting, all parties involved signed the agreement.

HOME STUDY PLAN FOR
STUDENT

1. This plan will run on a trial basis for one (1) month. If all terms of this plan have been met during the trial period, the program will be renewed for another month.
2. If this plan is not successful, the student will be offered the University of Nebraska correspondence course under the direction of the principal.
3. Student will start with the local mental health clinic. Attendance at counseling sessions will be counted as part of the home study plan.
4. Student will come to school one day a week to pick up assignments, return due assignments, and take the required tests. The counselor will be student's contact at school for these tasks.
5. Student will select either Tuesday, Wednesday or Thursday to be his day to attend. The day first picked will be the attendance day for the entire trial period.
6. Student may phone principal's office during the school day for help with his assignments. Principal will notify and ensure that the requested teacher return the call that day (if the call is made before 2 p.m.).
7. Assignments given will be considered failed if they are not returned within five days of due date. Home study assignments that are a genuine effort, even though incomplete, will be given credit. Genuine effort is understood as partially completed written work that student shows a difficulty with. Each teacher will be the sole determiner of the worthiness of the work.

8. When student comes to school, he will first sign in at principal's office before reporting to counselor. At the end of his day, student will sign out at principal's office.
9. Counselor will write a list of completed and uncompleted work at the end of each of student's visits. Counselor will make two copies of this list. Student will sign both copies and keep one copy. Counselor will keep the other copy.
10. Completion of the school year under these terms will earn a full year's credit in the subjects completed for student.
11. Psychologist will check in three weeks with principal, counselor and student to see if the program must be changed.

Toward the end of the term, the psychologist contacted all the involved parties and arranged for another meeting to plan for the next school term. That meeting resulted in a second agreement.

SECOND AGREEMENT FOR STUDENT

1. At student's request, he will return as a regular, full-time student for the second semester on January 16, 1978.
2. He will carry a regular course load and schedule.
3. Missing more than eleven (11) days in any one class will result in loss of credit.
4. Student will check with each of his teachers to make sure that he is receiving and doing all daily assignments. Counselor will provide a form for this.

5. On January 30, psychologist will check with the school to see if:

    A. All assignments are being done

    B. Attendance is acceptable

    C. Student wants to continue

    The school and student will then be offered a chance to go back to the homebound program.

6. On February 13, psychologist will check with the school and student to see if they wish to go back to the home study plan. After this date, student will no longer be offered the home study plan.

7. At the end of the school year, student, his mother, principal, counselor, and psychologist will meet to decide whether student will return next fall or take the G.E.D.

Results

Currently, the student has returned to classes as a regular full-time student. The student requested to come back to school after a semester on a home study program.

During the first agreement, the student came to school on the agreed days. When he could not, he asked for assignments before hand. His grades were: Typing D, English D, Algebra Withdrew, Science C+. The student made phone calls to the school for help.

At the present time the student is attending school with no special privileges in the classes. The school has offered him a chance to revert back to a home study plan if the student believes that he needs it.

The principal sees an attitude change on the student's part. The

student says "good morning" when he comes in and the principal feels that the student appears better groomed and friendlier. The principal, counselor and student are all surprised with how well the program has worked.

Discussion

This case describes the large scale use of a behavioral contract. The use of this method appears to have satisfied both the school and the student. It provides a framework for the student to evaluate his actions and for the school to decide what to do about the student. The agreement also provides a common ground for all parties concerned so that all efforts to help this student are coordinated and supplement each other.

Some key variables in this case were the principal's cooperation and the student's motivation. If either of these two critical areas were lacking, the program would have surely failed. Other areas that worked out well were the counseling from the local mental health clinic, the cooperation of the student's mother, and the follow through of the school counselor.

The meetings of all parties involved are believed to have been important in the success of this program. These meetings provided the opportunity to find out what all the others were doing and to explore alternatives for acceptability. The tone of these meetings was one of "this is what we can offer--is it acceptable--what else can be done?" The emphasis was that the student could agree or not agree but could not be forced.

The use of written agreements and negotiation has not solved all the problems, but appears to have worked well in this case.

WRITING BEHAVIORAL CONTRACTS, DeRisi, William J. and George Butz, Research Press, Champaign, IL, 1975.